

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
 OF

LOWELL

60

RETURN OF A DEATH

FULL NAME

Place of Death *

Date of Death

Registered No.

Age 80 years months days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX Male COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Disease of Heart

Contributory: ... (DURATION) ... DAYS

(Signed) ... (Address) ...

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 459 ...

Where was disease contracted, if not at place of death?

Filed Jan 3 1906 ...

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
OF

61

RETURN OF A DEATH

LOWELL

Registered No. 2

FULL NAME Emma Wood ~~Wood~~
Place of Death North Lechford
Date of Death Jan 8th 1906

Age 87 years 10 months 14 days

STATISTICAL DETAIL

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME Emma Wood

HUSBAND'S NAME Edgar W. Wood

BIRTHPLACE Unstable Mass

NAME OF FATHER Peter W. Whitten

BIRTHPLACE Unstable Mass

MAIDEN NAME Hannah W. Winchester

BIRTHPLACE Norway Maine

OCCUPATION Housekeeper

INFORMANT Otto W. Whitten

PLACE OF BURIAL OR REMOVAL Every Cemetery
Catholic Church
DATE OF BURIAL Jan 12 1906

UNDERTAKER Thomas A. Green
ADDRESS Catholic Church

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 4 1906 to Jan 7 1906, that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was of follows:
Primary: Cancer morbus

Contributory: (Duration) 6 DAYS

(Signed) J. E. Varney (Duration) M. D.
Jan 11 1906 (Address) North Lechford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed Jan 11 1906 Edward J. Robbins
Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 62
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age 64 years months days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, E. MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last

illness, from 190 to 190

that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

M. D.

Jan 20 1906

(Address)

253 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
or Recent Residents.

Former or

How long at

Usual Residence

Place of Death?

Days

Where was disease contracted,
if not at place of death?

Filed

Jan 20 1906

Edward J. Robbins

Jan 20 1906

Edmund J. Robbins

Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL
RESIDENCE, give facts called for under "Special Information." If in a
Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.
Name of cemetery.



RETURN OF A DEATH

FULL NAME

Registered No.

4

Place of Death *

Date of Death

Age

74

years

months

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Feb 3 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac Paralysis

Contributory:

Senile degeneration

(Signed)

Anna S. Howard, M.D.

Feb 4 1906 (Address)

Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death?

Days

Where was disease contracted, if not at place of death?

Filed

Feb 5 1906

Edward J. Robbins
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

No.	Date	Description	Amount	Total	Balance	Remarks	Signature
1	1951	...	...	...	...	...	...
2	1952	...	...	...	...	...	...
3	1953	...	...	...	...	...	...
4	1954	...	...	...	...	...	...
5	1955	...	...	...	...	...	...
6	1956	...	...	...	...	...	...
7	1957	...	...	...	...	...	...
8	1958	...	...	...	...	...	...
9	1959	...	...	...	...	...	...
10	1960	...	...	...	...	...	...
11	1961	...	...	...	...	...	...
12	1962	...	...	...	...	...	...
13	1963	...	...	...	...	...	...
14	1964	...	...	...	...	...	...
15	1965	...	...	...	...	...	...
16	1966	...	...	...	...	...	...
17	1967	...	...	...	...	...	...
18	1968	...	...	...	...	...	...
19	1969	...	...	...	...	...	...
20	1970	...	...	...	...	...	...
21	1971	...	...	...	...	...	...
22	1972	...	...	...	...	...	...
23	1973	...	...	...	...	...	...
24	1974	...	...	...	...	...	...
25	1975	...	...	...	...	...	...
26	1976	...	...	...	...	...	...
27	1977	...	...	...	...	...	...
28	1978	...	...	...	...	...	...
29	1979	...	...	...	...	...	...
30	1980	...	...	...	...	...	...
31	1981	...	...	...	...	...	...
32	1982	...	...	...	...	...	...
33	1983	...	...	...	...	...	...
34	1984	...	...	...	...	...	...
35	1985	...	...	...	...	...	...
36	1986	...	...	...	...	...	...
37	1987	...	...	...	...	...	...
38	1988	...	...	...	...	...	...
39	1989	...	...	...	...	...	...
40	1990	...	...	...	...	...	...
41	1991	...	...	...	...	...	...
42	1992	...	...	...	...	...	...
43	1993	...	...	...	...	...	...
44	1994	...	...	...	...	...	...
45	1995	...	...	...	...	...	...
46	1996	...	...	...	...	...	...
47	1997	...	...	...	...	...	...
48	1998	...	...	...	...	...	...
49	1999	...	...	...	...	...	...
50	2000	...	...	...	...	...	...
51	2001	...	...	...	...	...	...
52	2002	...	...	...	...	...	...
53	2003	...	...	...	...	...	...
54	2004	...	...	...	...	...	...
55	2005	...	...	...	...	...	...
56	2006	...	...	...	...	...	...
57	2007	...	...	...	...	...	...
58	2008	...	...	...	...	...	...
59	2009	...	...	...	...	...	...
60	2010	...	...	...	...	...	...
61	2011	...	...	...	...	...	...
62	2012	...	...	...	...	...	...
63	2013	...	...	...	...	...	...
64	2014	...	...	...	...	...	...
65	2015	...	...	...	...	...	...
66	2016	...	...	...	...	...	...
67	2017	...	...	...	...	...	...
68	2018	...	...	...	...	...	...
69	2019	...	...	...	...	...	...
70	2020	...	...	...	...	...	...
71	2021	...	...	...	...	...	...
72	2022	...	...	...	...	...	...
73	2023	...	...	...	...	...	...
74	2024	...	...	...	...	...	...
75	2025	...	...	...	...	...	...
76	2026	...	...	...	...	...	...
77	2027	...	...	...	...	...	...
78	2028	...	...	...	...	...	...
79	2029	...	...	...	...	...	...
80	2030	...	...	...	...	...	...
81	2031	...	...	...	...	...	...
82	2032	...	...	...	...	...	...
83	2033	...	...	...	...	...	...
84	2034	...	...	...	...	...	...
85	2035	...	...	...	...	...	...
86	2036	...	...	...	...	...	...
87	2037	...	...	...	...	...	...
88	2038	...	...	...	...	...	...
89	2039	...	...	...	...	...	...
90	2040	...	...	...	...	...	...
91	2041	...	...	...	...	...	...
92	2042	...	...	...	...	...	...
93	2043	...	...	...	...	...	...
94	2044	...	...	...	...	...	...
95	2045	...	...	...	...	...	...
96	2046	...	...	...	...	...	...
97	2047	...	...	...	...	...	...
98	2048	...	...	...	...	...	...
99	2049	...	...	...	...	...	...
100	2050	...	...	...	...	...	...

Account of a ...

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY **LOWELL** 64

FULL NAME *Ellen S. Chetthorpe*
 Place of Death * *North Chelmsford Mass*
 Date of Death *Feb 7th 1906*
 Age *73* years *5* months *1* days
 Registered No. *5*

STATISTICAL DETAIL

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE † <i>Lowell Mass</i>		
NAME OF FATHER <i>Geo. Melchiorre</i>		
BIRTHPLACE OF FATHER † <i>Harvard Mass</i>		
MAIDEN NAME OF MOTHER <i>Polly Park</i>		
BIRTHPLACE OF MOTHER † <i>Harvard Mass</i>		
OCCUPATION <i>at home</i>		
INFORMANT § <i>Edw. J. Robbins</i>		
PLACE OF BURIAL OR REMOVAL † <i>Lowell Mass</i>	DATE OF BURIAL <i>Feb 9th 1906</i>	
UNDERTAKER <i>Sam'l H. Wendell & Co. Lowell Mass</i>		
ADDRESS		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan. 28*, 1906, to *Feb. 7*, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Senile Exhaustion*

Contributory: *Indigestion*

(Signed) *Franklin A. Adams* M. D.
Feb. 8, 1906. (Address) *Lowell Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed *Feb. 9*, 1906. *Edw. J. Robbins* Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

100

1832

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

65

RETURN OF A DEATH

FULL NAME Benjamin David Robbins Registered No. 6

Place of Death * South Chelmsford

Date of Death February 11, 1906 Age 68 years 8 months 11 days

STATISTICAL DETAILS

SEX male COLOR white SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

South Chelmsford

NAME OF FATHER

James Adams Robbins

BIRTHPLACE OF FATHER ‡

South Chelmsford

MAIDEN NAME OF MOTHER

Alynn Fletcher

BIRTHPLACE OF MOTHER ‡

OCCUPATION

Whetford

INFORMANT §

Charles D. Robbins

PLACE OF BURIAL OR REMOVAL ||

East Pond Ave
So. Chelmsford

DATE OF BURIAL

Feb 14, 1906

UNDERTAKER

D. T. Brown

ADDRESS

South Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Feb 11, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Cerebral Hemorrhage

(DURATION) DAYS

Contributory:

Heart 3 yrs (DURATION) DAYS

(Signed)

Arthur W. Robbins, M.D.

Title: M.D. (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Feb. 14, 1906 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

U.S. DEPT. OF AGRICULTURE

CROP		YIELD		TOTAL		PERCENT	
WHEAT		100		100		100	
BARLEY		50		50		50	
OATS		25		25		25	
RYE		10		10		10	
MILK		100		100		100	
EGGS		50		50		50	
PORK		25		25		25	
BEEF		10		10		10	
SHEEP		5		5		5	
CATTLE		100		100		100	
HORSES		50		50		50	
PULLED		25		25		25	
CHICKS		10		10		10	
DUCKS		5		5		5	
PHEASANTS		1		1		1	
GEO. B. CO.		100		100		100	

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

06
CITY
OF

LOWELL

Registered No

Mary Margaret Stewart Wright Calderwood
February 17th 1906 Age 156 years months days

PHYSICIAN'S CERTIFICATE

~~SINGLE, MARRIED,~~
~~WIDOWED, OR~~
~~DIVORCED~~

any

James Douglas

Verlaand

James Carroll

Welsh

not known

Udland

of home

ANT \$
Hon. William A. Freyling

DATE OF BURIAL

W. Labret Cemetery, York, Feb 20 1906

ADDRESS

UNDERTAKER	ADDRESS
James S. Arnold	327 Mayfield St.

illness, from.....	1906 to	1906
Feb 12.....	Feb 17	6

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *1 rail narrow*

(DURATION).....DAYS

Contributory

(DURATION)..... DAYS

(Finch)

MI. 1D.

70710

90£.. (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or Usual Residence.....	How long at Place of Death?.....	Days
.....		

Where was disease contracted, if not at place of death?

Filed

61934

1906. Edward J. Robbins.

Clerk.

• City or Town, street and number, if any. If death occurs away from USUA,

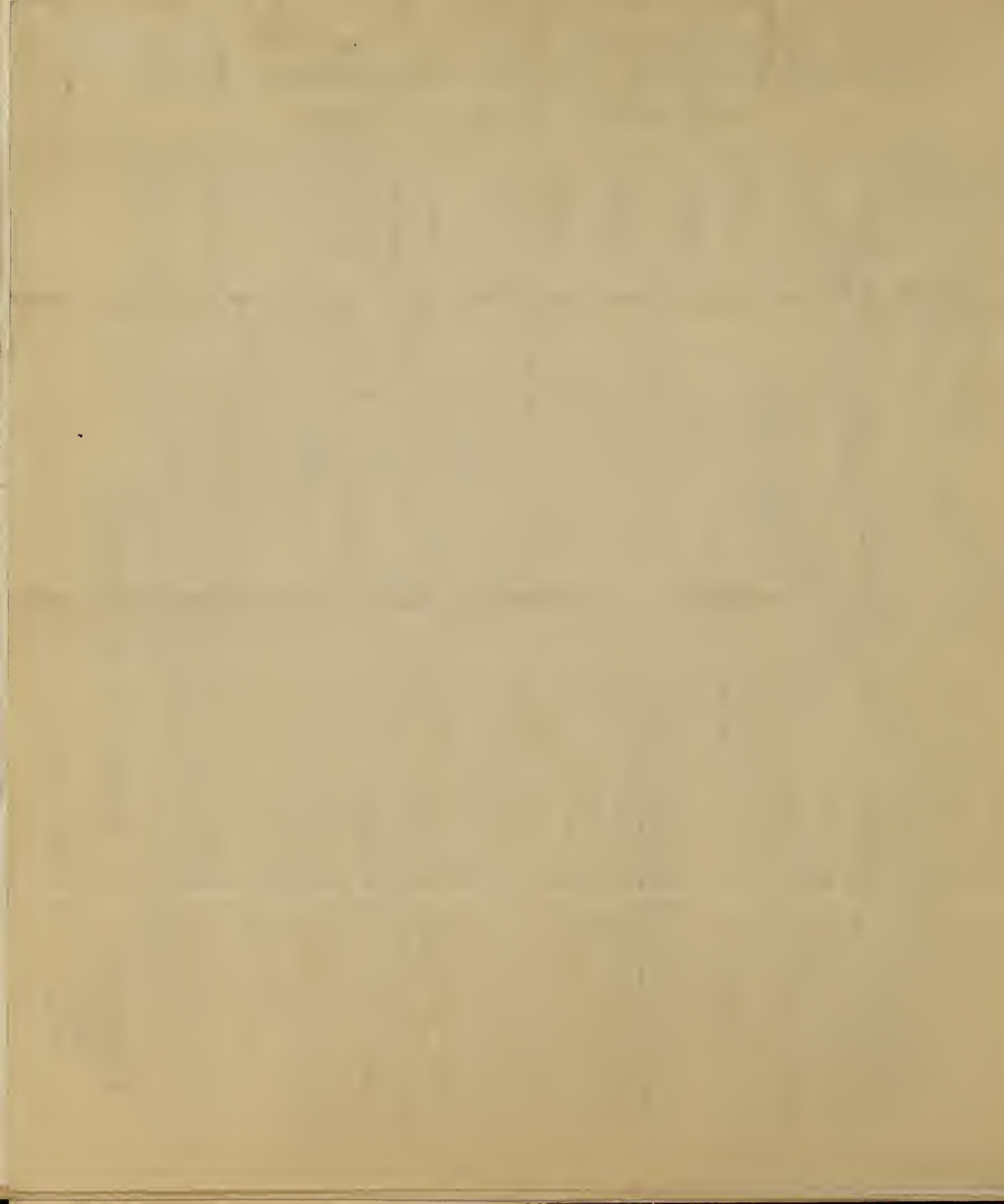
RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME, instead of street and number.

[†] In case of married or divorced woman, or widow.

† State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details

|| Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Donnell
(CITY OR TOWN.)

67

FULL NAME

Mrs Janet Gay Dodge

Place of
Death * }

North Chelmsford Mass

Registered No.

8

Date of
Death }

Feb 24,

1906

Residence

North Chelmsford "

Age 64

years.

months.

days

STATISTICAL DETAILS

SEX

F.

COLOR

W.

MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Gay

HUSBAND'S NAME †

Daniel D. Dodge

BIRTHPLACE ‡

Newbury N.H.

NAME OF
FATHER

Z. Gay

BIRTHPLACE
OF FATHER ‡

Deering N.H.

MAIDEN NAME
OF MOTHER

Mary Kennedy

BIRTHPLACE
OF MOTHER ‡

Ireland

OCCUPATION

at home

INFORMANT §

daughter

PLACE OF BURIAL OR REMOVAL ||

Cemetary Mt Auburn Feb 28

1906

DATE OF BURIAL

UNDERTAKER

J. J. Donnell

ADDRESS

58 Walnut St
Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 18 1906 to Feb 24 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

Contributory:

(DURATION) seven days
tuberculosis disease
several years (DURATION) 7 E. Harvey M.D.

(Signed) Feb 24 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Feb 26 1906 Edward J. Hastings

Clerk

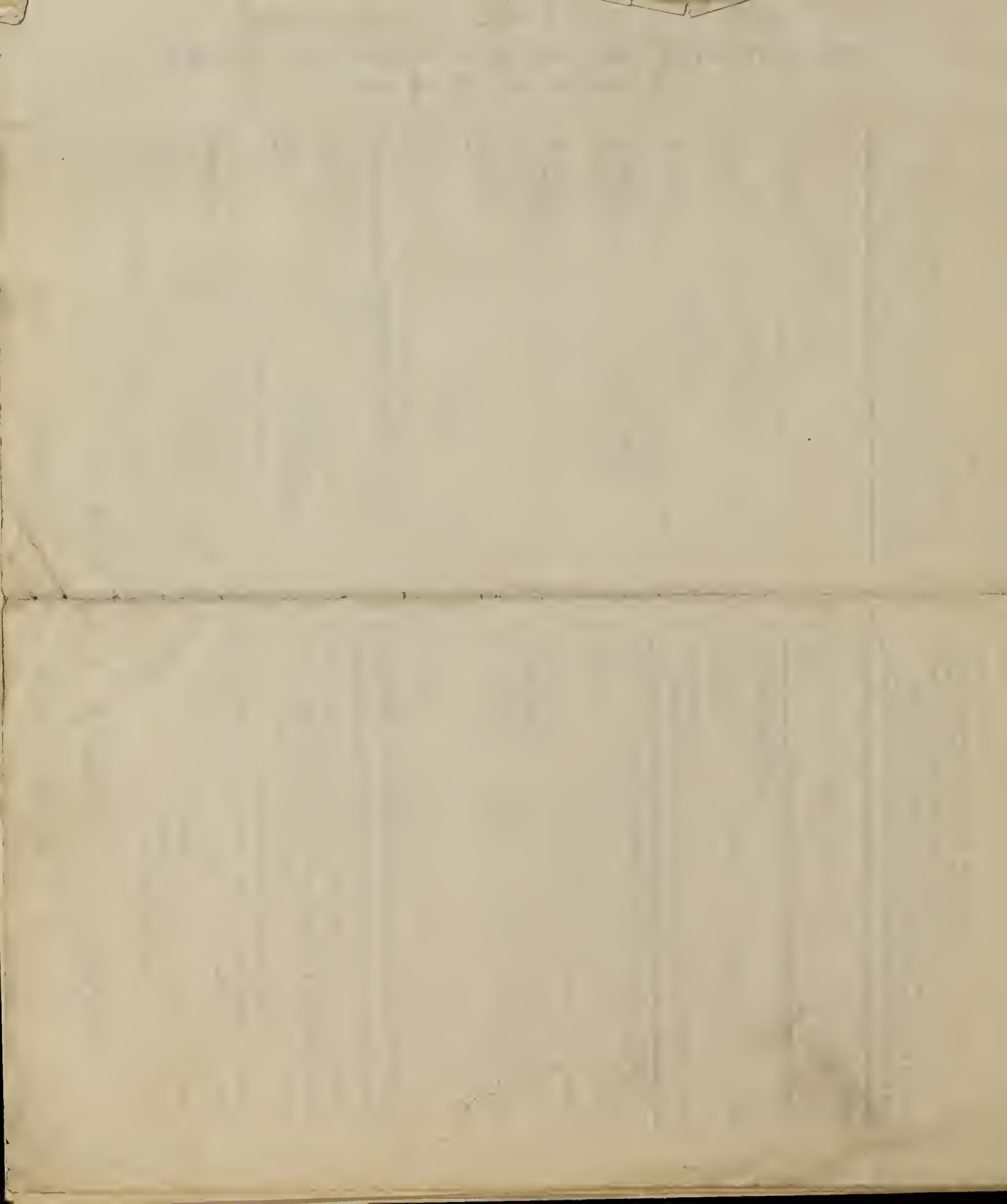
* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF 68

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death*

Registered No. 9

Date of Death

February 25, 1906

Age 42 years months days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX COLOR SINGLE, MARRIED, ~~WIDOWED~~ DIVORCED

male White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Ireland

NAME OF FATHER

John M. C. Sullivan

BIRTHPLACE †

Ireland

MAIDEN NAME OF MOTHER

Ann

BIRTHPLACE †

Ireland

OCCUPATION

Operator

INFORMANT

Brother-in-law, Lawrence Sullivan

PLACE OF BURIAL OR REMOVAL †

St. Patrick's Cemetery

DATE OF BURIAL

Feb. 27, 1906

UNDERTAKER

J. J. Murphy & Son

ADDRESS

124 1/2 Rogers St.

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 25, 1906, to Feb. 25, 1906.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pulmonary Tuberculosis

2 years (DURATION) DAYS

Contributory

(Signed) Emma Howard, M. D.

Feb. 26, 1906 (Address) Newburyport

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Feb. 27, 1906 Edward J. R. Adams Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

† State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Wheelerford
(CITY OR TOWN)

FULL NAME

Edward C. Parker

Registered No.

110

Place of Death *

National Cemetery

Date of Death

Feb 25 1906

Residence

Wheelerford Mass

Age

62 years *3* months *9* days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Male *White* *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Wheelerford

NAME OF FATHER

David Parker

BIRTHPLACE OF FATHER †

Wheelerford

MAIDEN NAME OF MOTHER

Centhoriah M. White

BIRTHPLACE OF MOTHER †

Wheelerford Vermont

OCCUPATION

Wheelerford Mass.

INFORMANT ‡

Wheelerford Mass.

PLACE OF BURIAL OR REMOVAL

National Cemetery

DATE OF BURIAL

Mar 2 1906

UNDERTAKER

A. A. Kimball

ADDRESS

Wheelerford Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *190* to *190*

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Pulmonary Tuberculosis*

Contributory:

(Signed) *J. A. Van Dyke* M.D.

190 (Address) *National Cemetery*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years *months* *days*

Where was disease contracted, if not at place of death?

Filed

Mar 2 1906 *Edward C. Parker*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow, State or country; also city, town or county, if known.

‡ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City of Lowell

RETURN OF A DEATH

70

FULL NAME

Registered No. 334

Place of Death *

Engene W. & Ruthen
Lowell Gen Hospital, Lowell Mass.

Date of Death

Mar 4 1906

Age

61

years

10

months

8 days

STATISTICAL DETAILS

SEX

M.

COLOR

W.

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

S.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

No Chalmersford.

NAME OF
FATHER

Oskar Ruten

BIRTHPLACE
OF FATHER ‡

No Chalmersford.

MAIDEN NAME
OF MOTHER

Lucretia M. Chain

BIRTHPLACE
OF MOTHER ‡

New London,

OCCUPATION

INFORMANT §

John W. Ruten

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

E. A. Hembach

Middlebury St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar 2 1906 to Mar 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: scar pneumonia

Contributory:

(DURATION)

7

DAYS

(Signed)

Theodor W. Birchall

M.D.

Mar 4 1906 (address) Lowell Gen Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence No Chalmersford, How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Mar 6 1906 Edward C. Goddard

City

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

No.	Date	Description	Amount	Balance	Total	Remarks	Signature	Date
1	1911	...	...	...	...	...	...	...
2	1912	...	...	...	...	...	...	...
3	1913	...	...	...	...	...	...	...
4	1914	...	...	...	...	...	...	...
5	1915	...	...	...	...	...	...	...
6	1916	...	...	...	...	...	...	...
7	1917	...	...	...	...	...	...	...
8	1918	...	...	...	...	...	...	...
9	1919	...	...	...	...	...	...	...
10	1920	...	...	...	...	...	...	...
11	1921	...	...	...	...	...	...	...
12	1922	...	...	...	...	...	...	...
13	1923	...	...	...	...	...	...	...
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16	1926	...	...	...	...	...	...	...
17	1927	...	...	...	...	...	...	...
18	1928	...	...	...	...	...	...	...
19	1929	...	...	...	...	...	...	...
20	1930	...	...	...	...	...	...	...
21	1931	...	...	...	...	...	...	...
22	1932	...	...	...	...	...	...	...
23	1933	...	...	...	...	...	...	...
24	1934	...	...	...	...	...	...	...
25	1935	...	...	...	...	...	...	...
26	1936	...	...	...	...	...	...	...
27	1937	...	...	...	...	...	...	...
28	1938	...	...	...	...	...	...	...
29	1939	...	...	...	...	...	...	...
30	1940	...	...	...	...	...	...	...
31	1941	...	...	...	...	...	...	...
32	1942	...	...	...	...	...	...	...
33	1943	...	...	...	...	...	...	...
34	1944	...	...	...	...	...	...	...
35	1945	...	...	...	...	...	...	...
36	1946	...	...	...	...	...	...	...
37	1947	...	...	...	...	...	...	...
38	1948	...	...	...	...	...	...	...
39	1949	...	...	...	...	...	...	...
40	1950	...	...	...	...	...	...	...
41	1951	...	...	...	...	...	...	...
42	1952	...	...	...	...	...	...	...
43	1953	...	...	...	...	...	...	...
44	1954	...	...	...	...	...	...	...
45	1955	...	...	...	...	...	...	...
46	1956	...	...	...	...	...	...	...
47	1957	...	...	...	...	...	...	...
48	1958	...	...	...	...	...	...	...
49	1959	...	...	...	...	...	...	...
50	1960	...	...	...	...	...	...	...
51	1961	...	...	...	...	...	...	...
52	1962	...	...	...	...	...	...	...
53	1963	...	...	...	...	...	...	...
54	1964	...	...	...	...	...	...	...
55	1965	...	...	...	...	...	...	...
56	1966	...	...	...	...	...	...	...
57	1967	...	...	...	...	...	...	...
58	1968	...	...	...	...	...	...	...
59	1969	...	...	...	...	...	...	...
60	1970	...	...	...	...	...	...	...
61	1971	...	...	...	...	...	...	...
62	1972	...	...	...	...	...	...	...
63	1973	...	...	...	...	...	...	...
64	1974	...	...	...	...	...	...	...
65	1975	...	...	...	...	...	...	...
66	1976	...	...	...	...	...	...	...
67	1977	...	...	...	...	...	...	...
68	1978	...	...	...	...	...	...	...
69	1979	...	...	...	...	...	...	...
70	1980	...	...	...	...	...	...	...
71	1981	...	...	...	...	...	...	...
72	1982	...	...	...	...	...	...	...
73	1983	...	...	...	...	...	...	...
74	1984	...	...	...	...	...	...	...
75	1985	...	...	...	...	...	...	...
76	1986	...	...	...	...	...	...	...
77	1987	...	...	...	...	...	...	...
78	1988	...	...	...	...	...	...	...
79	1989	...	...	...	...	...	...	...
80	1990	...	...	...	...	...	...	...
81	1991	...	...	...	...	...	...	...
82	1992	...	...	...	...	...	...	...
83	1993	...	...	...	...	...	...	...
84	1994	...	...	...	...	...	...	...
85	1995	...	...	...	...	...	...	...
86	1996	...	...	...	...	...	...	...
87	1997	...	...	...	...	...	...	...
88	1998	...	...	...	...	...	...	...
89	1999	...	...	...	...	...	...	...
90	2000	...	...	...	...	...	...	...
91	2001	...	...	...	...	...	...	...
92	2002	...	...	...	...	...	...	...
93	2003	...	...	...	...	...	...	...
94	2004	...	...	...	...	...	...	...
95	2005	...	...	...	...	...	...	...
96	2006	...	...	...	...	...	...	...
97	2007	...	...	...	...	...	...	...
98	2008	...	...	...	...	...	...	...
99	2009	...	...	...	...	...	...	...
100	2010	...	...	...	...	...	...	...

RETURN OF A DEATH

FULL NAME

Janet M. Guade

Registered No. 12

Place of
Death* }

North Belvedere Road, Mass. Date of Death March 4, 1906

Residence

North Belvedere Road, Mass. Age 25 years 7 months 1 day

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female White Married

MAIDEN NAME†

HUSBAND'S NAME†

Janet Manning

BIRTHPLACE‡

John M. Guade

NAME OF
FATHER

Scotland

BIRTHPLACE
OF FATHER‡

Matthew Manning

MAIDEN NAME
OF MOTHER

Scotland

BIRTHPLACE
OF MOTHER‡

Margaret Dickson

OCCUPATION

Scotland

INFORMANT§

at home

PLACE OF BURIAL OR REMOVAL||

Scotland

DATE OF BURIAL

Burial in cemetery

March 7, 1906

UNDERTAKER

ADDRESS

E. M. Young & Co. 33 Prescott St. Lowell

I HEREBY CERTIFY that I attended deceased during last illness, from January 1906 to March 4, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary tuberculosis

14 months

(DURATION)

DAYS

Contributory:

(Signed)

J. E. Jarney

(DURATION)

DAYS

M.D. M. S. 1906 (Address) North Belvedere Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Mar. 6, 1906 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 72
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Registered No.

13

Place of Death*

Church Street Methodist Church Lowell

Date of Death

March 5th 1906

Age 55¹/₂ years

months days

STATISTICAL DETAIL

SEX

male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME ‡

BIRTHPLACE †

Ireland

NAME OF
FATHER

Patrick O'Shea

BIRTHPLACE
OF FATHER †

Ireland

MAIDEN NAME
OF MOTHER

Wm. J. O'Shea

BIRTHPLACE
OF MOTHER †

Ireland

OCCUPATION

Labourer

INFORMANT §

Wm. J. O'Shea

PLACE OF BURIAL OR REMOVAL ||

St. Patrick's Cemetery

DATE OF BURIAL

March 7 1906

UNDERTAKER

J. J. O'Shea

ADDRESS

324 Myrtle St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 19 1906 to Mar. 5 1906.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: arteriosclerosis

Contributory: (DURATION) 18 DAYS

(Signed) J. E. O'Shea M. D.

Mar. 5 1906 (Address) 1906

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Mar. 6 1906 Edward J. Robbins Town Clerk

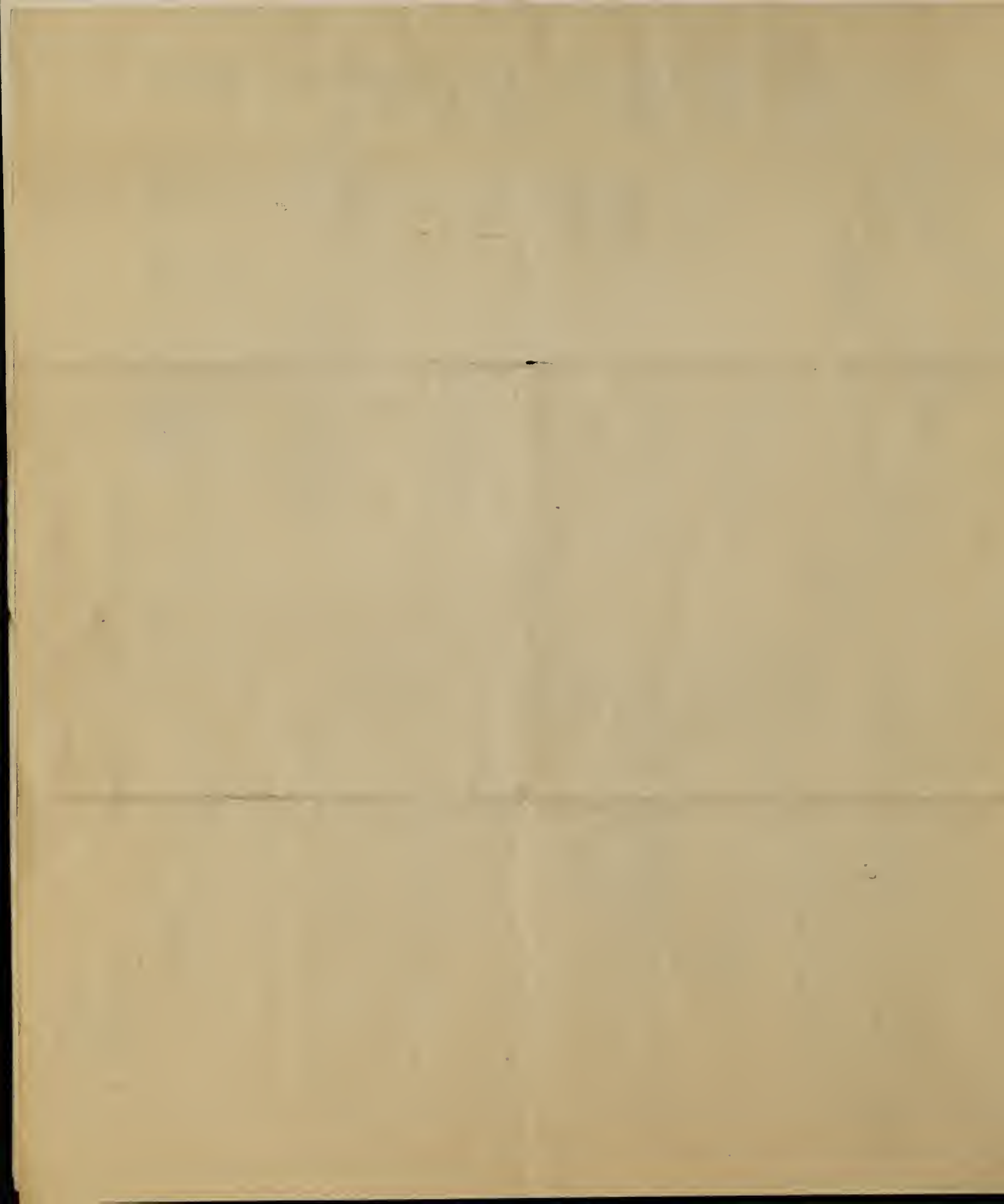
* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State and Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



RETURN OF A DEATH

FULL NAME

Registered No.

14

Place of Death *

John S. Roberts
Southfield, Massachusetts

Date of Death

March 3rd 1906
Age 79 years 14 months 11 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Male White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Andover, N. H.

NAME OF FATHER

Edmund Robert

BIRTHPLACE OF FATHER ‡

Andover, N. H.

MAIDEN NAME OF MOTHER

Elizabeth Smith

BIRTHPLACE OF MOTHER ‡

Andover, N. H.

OCCUPATION

Farmer

INFORMANT §

David H. Deane

PLACE OF BURIAL OR REMOVAL ||

Crown Cem.

DATE OF BURIAL

May 1, 1906

UNDERTAKER

Herald P. P. am

ADDRESS

So. Weymouth, Mass.

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 15 1906 to March 5 1906, that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was as follows:

Primary: Strike of pneumonia

Contributory:

(DURATION)

DAYS

(Signed)

R. S. Deane - M.D.

(Address)

Weymouth, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Mar. 6 1906 Edward J. Deane Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY

74

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

William M. Lee
Belmont Mass

Registered No.

15

Date of Death

March 7, 1906

Age 66

years

4

months

23 days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Canada

NAME OF FATHER

David Lee

BIRTHPLACE OF FATHER †

unknown

MAIDEN NAME OF MOTHER

unknown

BIRTHPLACE OF MOTHER †

unknown

OCCUPATION

Retired

INFORMANT \$

Frank Lee

PLACE OF BURIAL OR REMOVAL ‡

DATE OF BURIAL

Edison Cemetery March 11, 1906

UNDERTAKER

ADDRESS

E. M. Young & Co. 33 Prescott St.

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 1905 to March 7, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Paralysis

Several months

Contributory

(Signed) Emma Howard M. D.
March 8, 1906 (Address) Belmont Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Mar. 10 1906 Edward J. Robbins

Corn Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

Name of cemetery.

75

○
フ

16

Registered No. 10
Johnston & Mac

8 days

PHYSICIAN'S CERTIFICATE

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED—

Arrive Seattle.

Joseph Stiebelte

2
Carnata

Regio Stella

Canada

ME
Annie Howard

Parata

Thorne - Tucker

Joseph Stachnitt

DATE OF BURIAL

Dr. Nichols

March 10, 1906

UNDERTAKER
Joseph Albert

ADDRESS

ADDRESS
57 Chester

I HEREBY CERTIFY that I attended deceased during last

illness, from..... March 1906 to..... March 1907.....

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows :

Primary:

Deanna

..(DURATION).....DAYS

Contributory

..(DURATION)..... DAYS

(Signed)

.....(DURATION).....
 70, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900, 950, 1000, 1050, 1100, 1150, 1200, 1250, 1300, 1350, 1400, 1450, 1500, 1550, 1600, 1650, 1700, 1750, 1800, 1850, 1900, 1950, 2000, 2050, 2100, 2150, 2200, 2250, 2300, 2350, 2400, 2450, 2500, 2550, 2600, 2650, 2700, 2750, 2800, 2850, 2900, 2950, 3000, 3050, 3100, 3150, 3200, 3250, 3300, 3350, 3400, 3450, 3500, 3550, 3600, 3650, 3700, 3750, 3800, 3850, 3900, 3950, 4000, 4050, 4100, 4150, 4200, 4250, 4300, 4350, 4400, 4450, 4500, 4550, 4600, 4650, 4700, 4750, 4800, 4850, 4900, 4950, 5000, 5050, 5100, 5150, 5200, 5250, 5300, 5350, 5400, 5450, 5500, 5550, 5600, 5650, 5700, 5750, 5800, 5850, 5900, 5950, 6000, 6050, 6100, 6150, 6200, 6250, 6300, 6350, 6400, 6450, 6500, 6550, 6600, 6650, 6700, 6750, 6800, 6850, 6900, 6950, 7000, 7050, 7100, 7150, 7200, 7250, 7300, 7350, 7400, 7450, 7500, 7550, 7600, 7650, 7700, 7750, 7800, 7850, 7900, 7950, 8000, 8050, 8100, 8150, 8200, 8250, 8300, 8350, 8400, 8450, 8500, 8550, 8600, 8650, 8700, 8750, 8800, 8850, 8900, 8950, 9000, 9050, 9100, 9150, 9200, 9250, 9300, 9350, 9400, 9450, 9500, 9550, 9600, 9650, 9700, 9750, 9800, 9850, 9900, 9950, 10000, 10050, 10100, 10150, 10200, 10250, 10300, 10350, 10400, 10450, 10500, 10550, 10600, 10650, 10700, 10750, 10800, 10850, 10900, 10950, 11000, 11050, 11100, 11150, 11200, 11250, 11300, 11350, 11400, 11450, 11500, 11550, 11600, 11650, 11700, 11750, 11800, 11850, 11900, 11950, 12000, 12050, 12100, 12150, 12200, 12250, 12300, 12350, 12400, 12450, 12500, 12550, 12600, 12650, 12700, 12750, 12800, 12850, 12900, 12950, 13000, 13050, 13100, 13150, 13200, 13250, 13300, 13350, 13400, 13450, 13500, 13550, 13600, 13650, 13700, 13750, 13800, 13850, 13900, 13950, 14000, 14050, 14100, 14150, 14200, 14250, 14300, 14350, 14400, 14450, 14500, 14550, 14600, 14650, 14700, 14750, 14800, 14850, 14900, 14950, 15000, 15050, 15100, 15150, 15200, 15250, 15300, 15350, 15400, 15450, 15500, 15550, 15600, 15650, 15700, 15750, 15800, 15850, 15900, 15950, 16000, 16050, 16100, 16150, 16200, 16250, 16300, 16350, 16400, 16450, 16500, 16550, 16600, 16650, 16700, 16750, 16800, 16850, 16900, 16950, 17000, 17050, 17100, 17150, 17200, 17250, 17300, 17350, 17400, 17450, 17500, 17550, 17600, 17650, 17700, 17750, 17800, 17850, 17900, 17950, 18000, 18050, 18100, 18150, 18200, 18250, 18300, 18350, 18400, 18450, 18500, 18550, 18600, 18650, 18700, 18750, 18800, 18850, 18900, 18950, 19000, 19050, 19100, 19150, 19200, 19250, 19300, 19350, 19400, 19450, 19500, 19550, 19600, 19650, 19700, 19750, 19800, 19850, 19900, 19950, 20000, 20050, 20100, 20150, 20200, 20250, 20300, 20350, 20400, 20450, 20500, 20550, 20600, 20650, 20700, 20750, 20800, 20850, 20900, 20950, 21000, 21050, 21100, 21150, 21200, 21250, 21300, 21350, 21400, 21450, 21500, 21550, 21600, 21650, 21700, 21750, 21800, 21850, 21900, 21950, 22000, 22050, 22100, 22150, 22200, 22250, 22300, 22350, 22400, 22450, 22500, 22550, 22600, 22650, 22700, 22750, 22800, 22850, 22900, 22950, 23000, 23050, 23100, 23150, 23200, 23250, 23300, 23350, 23400, 23450, 23500, 23550, 23600, 23650, 23700, 23750, 23800, 23850, 23900, 23950, 24000, 24050, 24100, 24150, 24200, 24250, 24300, 24350, 24400, 24450, 24500, 24550, 24600, 24650, 24700, 24750, 24800, 24850, 24900, 24950, 25000, 25050, 25100, 25150, 25200, 25250, 25300, 25350, 25400, 25450, 25500, 25550, 25600, 25650, 25700, 25750, 25800, 25850, 25900, 25950, 26000, 26050, 26100, 26150, 26200, 26250, 26300, 26350, 26400, 26450, 26500, 26550, 26600, 26650, 26700, 26750, 26800, 26850, 26900, 26950, 27000, 27050, 27100, 27150, 27200, 27250, 27300, 27350, 27400, 27450, 27500, 27550, 27600, 27650, 27700, 27750, 27800, 27850, 27900, 27950, 28000, 28050, 28100, 28150, 28200, 28250, 28300, 28350, 28400, 28450, 28500, 28550, 28600, 28650, 28700, 28750, 28800, 28850, 28900, 28950, 29000, 29050, 29100, 29150, 29200, 29250, 29300, 29350, 29400, 29450, 29500, 29550, 29600, 29650, 29700, 29750, 29800, 29850, 29900, 29950, 30000, 30050, 30100, 30150, 30200, 30250, 30300, 30350, 30400, 30450, 30500, 30550, 30600, 30650, 30700, 307

.....M. D.

...

.....100 L. (Address).....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents

Former or
Usual Residence..... Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed

Filed
May 9, 1901
Edward J. Robbins

Don
Clerk.

• City or Town, street and number, if any. If death occurs away from **USUAL RESIDENCE**, give facts called for under "Special Information." If in a Hospital or Institution, give its **NAME** instead of street and number.

^t In case of married or divorced woman, or widow

† State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details

Name of cemetery.

90 Grosset.

Mignault.

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 76
 OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death*

Registered No.

Date of Death March 9, 1906 Age 82 years 4 months 3 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †	Elija Lovinscott	
HUSBAND'S NAME †	Benj. B. Mayberry	
BIRTHPLACE †	Chapelburg Me	
NAME OF FATHER	James Lovinscott	
BIRTHPLACE OF FATHER †	Chapelburg Me	
MAIDEN NAME OF MOTHER	Mary Hueston	
BIRTHPLACE OF MOTHER †	Chapelburg Me	
OCCUPATION		
INFORMANT §	Fred C. Mayberry	
PLACE OF BURIAL OR REMOVAL †	DATE OF BURIAL	
Bowdoin Me.	Mar. 15	1906.
UNDERTAKER	ADDRESS	
Wm. W. Smith	Dartmouth Ave.	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar. 4, 1906 to Mar. 9, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Right Hemiplegia (DURATION) DAYS

Contributory: Houston - 4 yrs. 11 months (DURATION) DAYS
 (Signed) Arthur G. DeGroot, M. D.
 Mar. 10, 1906, (Address) Belmont, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.
 Former or Usual Residence: How long at Place of Death? Days
 Where was disease contracted, if not at place of death? Days

Filed Mar. 14, 1906 Edward J. Robbins Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
 ‡ State or Country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 ¶ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

William J. Jones

Registered No.

18

Place of Death *

Chelmsford

Date of Death

March 14 1906

Residence

Chelmsford

Age

71

years.

7

months.

36

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

MARRIED NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb-1* 190*5* to *Dec* 190*5*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Apoplexy

Found dead in bed.

(DURATION)

DAYS

Contributory:

(Signed)

J. E. Jarney

M.D.

March 14 1906 (Address)

Woburn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

Mar. 15 1906

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 78
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age

years

months

days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from March 9, 1906, to March 16, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cornea for necrosis

of nervous ex haemorrhage

Contributory

(Signed)

W. E. Harniss

M. D.

March 17, 1906 (Address) N. Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Place of Death?

Where was disease contracted, if not at place of death?

Filed

March 19, 1906 Edward J. Robinson

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
 OF

RETURN OF A DEATH

LOWELL

FULL NAME

Elizabeth R. McLaughlin

Registered No.

20

Place of Death *

Mar 17, 1906

Date of Death

Age

73

years

— months

— days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

W

SINGLE, MARRIED,
 WIDOWED, OR
 DIVORCED

MAIDEN NAME †

Elizabeth R. Kerr

HUSBAND'S NAME †

Thos. McLaughlin

BIRTHPLACE ‡

Southampton N.H.

NAME OF
 FATHER

John Kerr

BIRTHPLACE
 OF FATHER †

Leestland

MAIDEN NAME
 OF MOTHER

Sarah Roberts

BIRTHPLACE
 OF MOTHER †

Leestland

OCCUPATION

at home

INFORMANT §

Paula Kerr

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Southampton N.H. Mar 17, 1906

UNDERTAKER

ADDRESS

Chas. H. Kelley & Co.

I HEREBY CERTIFY that I attended deceased during last

illness, from *Mar. 7* 1906 to *Mar. 17* 1906,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Pneumonia

(DURATION) *10* DAYS

Contributory

(DURATION) *10* DAYS

(Signed)

Charles J. Robbins M. D.

Mar. 17 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or

Usual Residence

How long at

Place of Death?

Days

Where was disease contracted,
 if not at place of death?

Filed

Mar. 19 1906

Edward J. Robbins

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY

OF

RETURN OF A DEATH

LOWELL

FULL NAME

Geiril H. Noble

Registered No.

21

Place of Death

Chelmsford Route Boston Road

Date of Death

Mar 18th 1906

Age

4 years

months

— days

STATISTICAL DETAIL

SEX

Male

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN-NAME-†

-HUSBAND'S-NAME †

BIRTHPLACE †

Chelmsford Centre

NAME OF FATHER

Henry W. Noble

BIRTHPLACE OF FATHER †

Angladdtown N. H.

MAIDEN NAME OF MOTHER

Anna M. McEraith

BIRTHPLACE OF MOTHER †

South Frampton N. H.

OCCUPATION

of stone

INFORMANT §

Father

PLACE OF BURIAL OR REMOVAL ||

St. Patrick's

DATE OF BURIAL

Mar. 19th 1906

UNDERTAKER

C. H. Kelley & Co.

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 6, 1906 to March 18, 1906.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

Contributory: (DURATION) 12 days

(Signed) Edward J. Robbins M.D. (DURATION) 12 days

Mar. 19, 1906 (Address) M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed

Mar. 19, 1906 Edward J. Robbins Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow. ‡ State or Country; also city, town or county, if known. § Name and address of person giving statistical details. || Name of cemetery.

our Brathers
Lloyd

8

(CITY OR TOWN.)

Registered No. 22

Date of Birth } March 28 1906
.. Death

62 years 1 months 15 days

PHYSICIAN'S CERTIFICATE

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

WIDOWED, OR
DIVORCED Married

Mille a stables

Charles W. Brown

Elbert Maine

much stable

Edwitt Maine

May 1890

So little Maine

at home

Shelburne

DATE OF BURIAL

ADDRESS

Shore

I HEREBY CERTIFY that I attended deceased during last illness, from November 1905 to March 20 1906.

Primary: Organic disease of Heart

..... (DURATION) DAYS

Contributory:

..... (SIGNED) J E Harvey (DURATION) DAYS

Med. 21 1906 (Address) T. Chubbington House

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death? years..... months..... days

Where was disease contracted if not at place of death?

Filed

Filed
Mar. 23 1906 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

\$ Name and address of person giving statistical details.

Name of cemetery

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY *82*

RETURN OF A DEATH OF LOWELL

FULL NAME *Antoinette F Sampson.*

Registered No. *23*

Place of Death *No Chelmsford Mass*

Date of Death *Mar 24th 1906*

Age *53* years *4* months *3* days

STATISTICAL DETAIL

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME *Antoinette F Small*

HUSBAND'S NAME *James A Sampson*

BIRTHPLACE *Machiasport Me*

NAME OF FATHER *Nathaniel Small*

BIRTHPLACE OF FATHER *Machiasport Me*

MAIDEN NAME OF MOTHER *Margaret Barter*

BIRTHPLACE OF MOTHER *Machiasport Me*

OCCUPATION *House Wife*

INFORMANT *James A Sampson*

PLACE OF BURIAL OR REMOVAL *No Chelmsford*

DATE OF BURIAL *Mar 27th 1906*

UNDERTAKER *John A Weinbeck*

ADDRESS *No 80 Middlesex St*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct* *1905* to *Mar. 24* *1906*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Emphysema of the lungs*

Contributory: *1 year 6 mos. (duration)*

(Signed) *Edmund J. Roddame*

Mar. 27 1906 (Address) *Chelmsford* M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Mar. 26 1906 *Edmund J. Roddame*

Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF

LOWELL

RETURN OF A DEATH

Registered No. 24

FULL NAME

Place of Death *

Date of Death

Age 2 years 3 months days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX *F* COLOR *M.* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER *John F. Lowell*

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from *Mar. 21, 1906* to *Mar. 28, 1906*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Congestion of lungs*

Contributory: *Whooping cough*

(Signed) *Edward J. Robbins* M. D.

Mar. 28, 1906 (Address) *Lowell, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Usual Residence? Place of Death? Days

Where was disease contracted, if not at place of death?

Filed *Mar. 28, 1906* *Edward J. Robbins* Clerk.

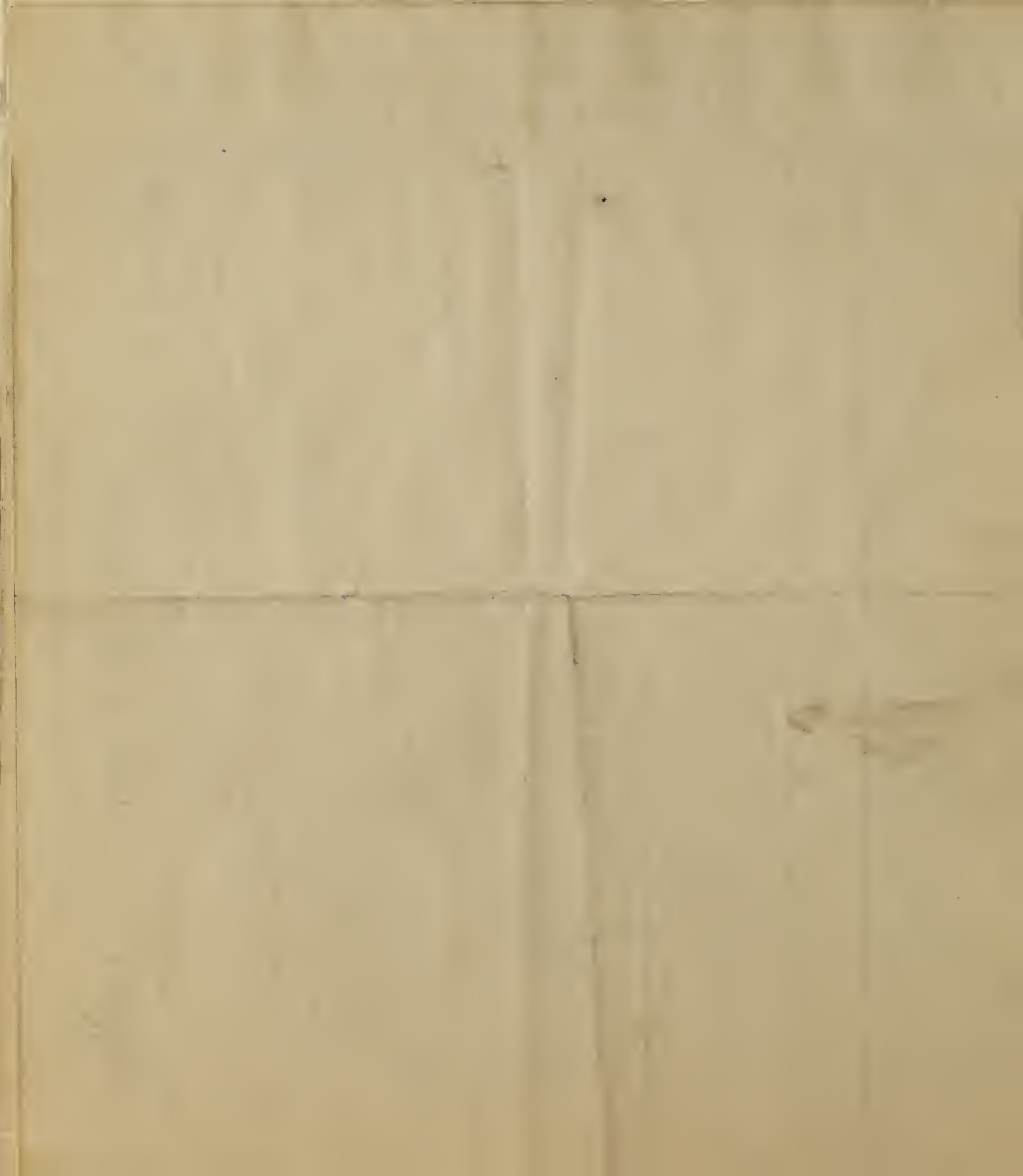
* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Ester P. Lewis

Registered No.

Place of
Death

Chelmsford Town Farm

Date of
Death } March 26, 1906

Residence

Chelmsford

Age 80 years months days

STATISTICAL DETAILS

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME

Ryan

HUSBAND'S NAME

Lewis

BIRTHPLACE

Waldo, Maine

NAME OF
FATHERBIRTHPLACE
OF FATHERMAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER

OCCUPATION

Dinner Room Train

INFORMANTS

A. P. Brown, Supt.

PLACE OF BURIAL OR REMOVAL

Pine Ridge Cem

DATE OF BURIAL

March 28, 1906

UNDERTAKER

Walter Parham

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March, 24, 1906 to March 26, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis

DURATION 3 DAYS

Contributory:

(Signed) Anna H. H. M.D.
March, 28, 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

March 27, 1906. Edward P. H. Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

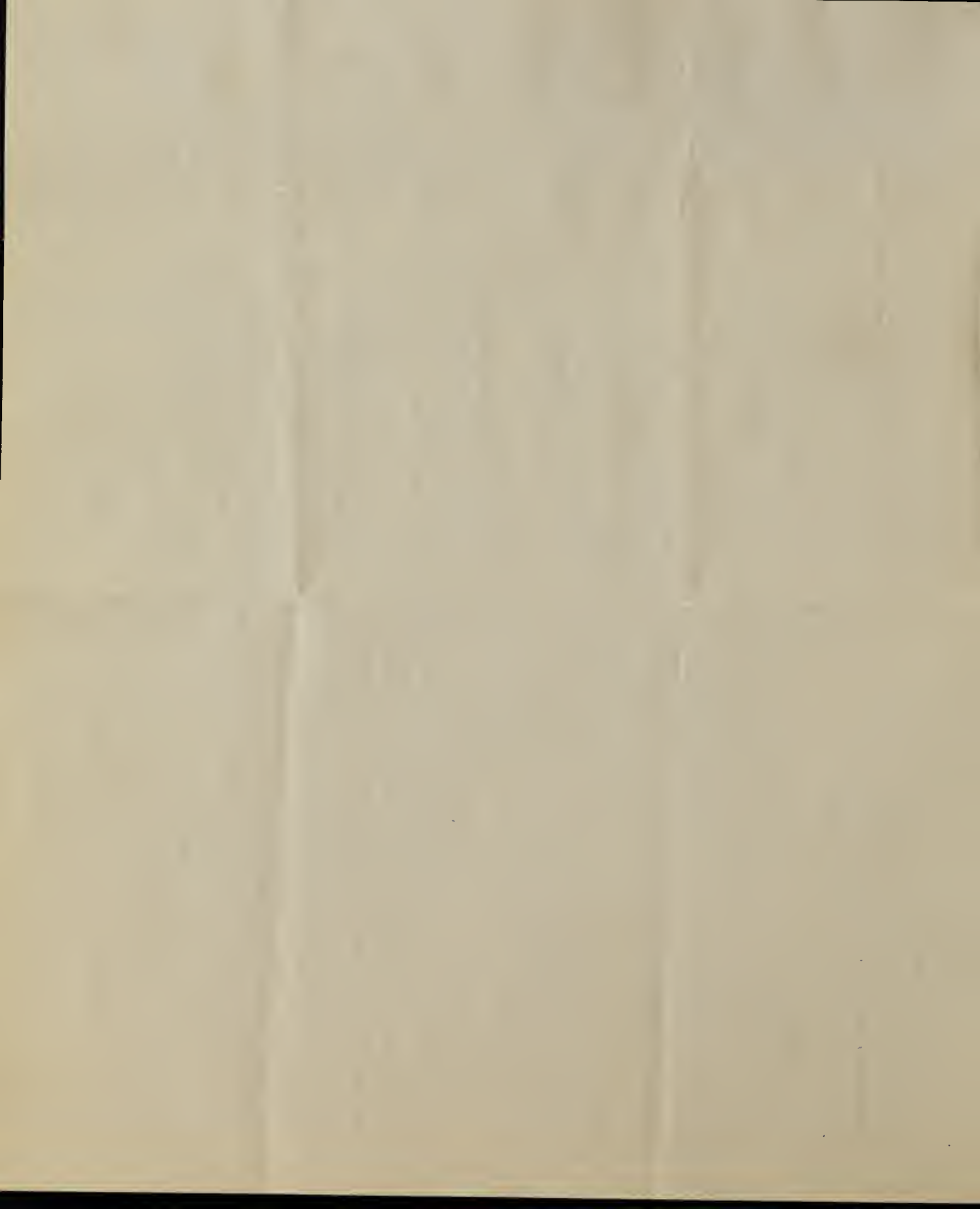
§ Name and address of person giving statistical details.

¶ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Stewart Mac KayRegistered No. 26Place of Death* } North Chelmsford Mass
Residence } North Chelmsford MassDate of Death } Mar 31st 1906
Age 43 years 43 months 43 days

STATISTICAL DETAILS

SEX

Male

COLOR

WhiteSINGLE, MARRIED,
WIDOWED, OR
DIVORCEDMarried

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Scotland

NAME OF FATHER

Stewart Mac Rkay.

BIRTHPLACE OF FATHER ‡

Scotland

MAIDEN NAME OF MOTHER

Helen Not Known

BIRTHPLACE OF MOTHER ‡

Scotland

OCCUPATION

Patten Maker

INFORMANT §

Mrs Stewart Mac Kay

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

No Chelmsford Mass Apr 4th 1906

UNDERTAKER

ADDRESS

John A Weinbeck Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190 ,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Severe of HeartDead suddenly

(DURATION).....DAYS

Contributory:

(DURATION).....DAYS

(Signed)

J E Varney M.D.April 2 1906 (Address) North Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Apr 3 1906 Edward J. Adams Clerk

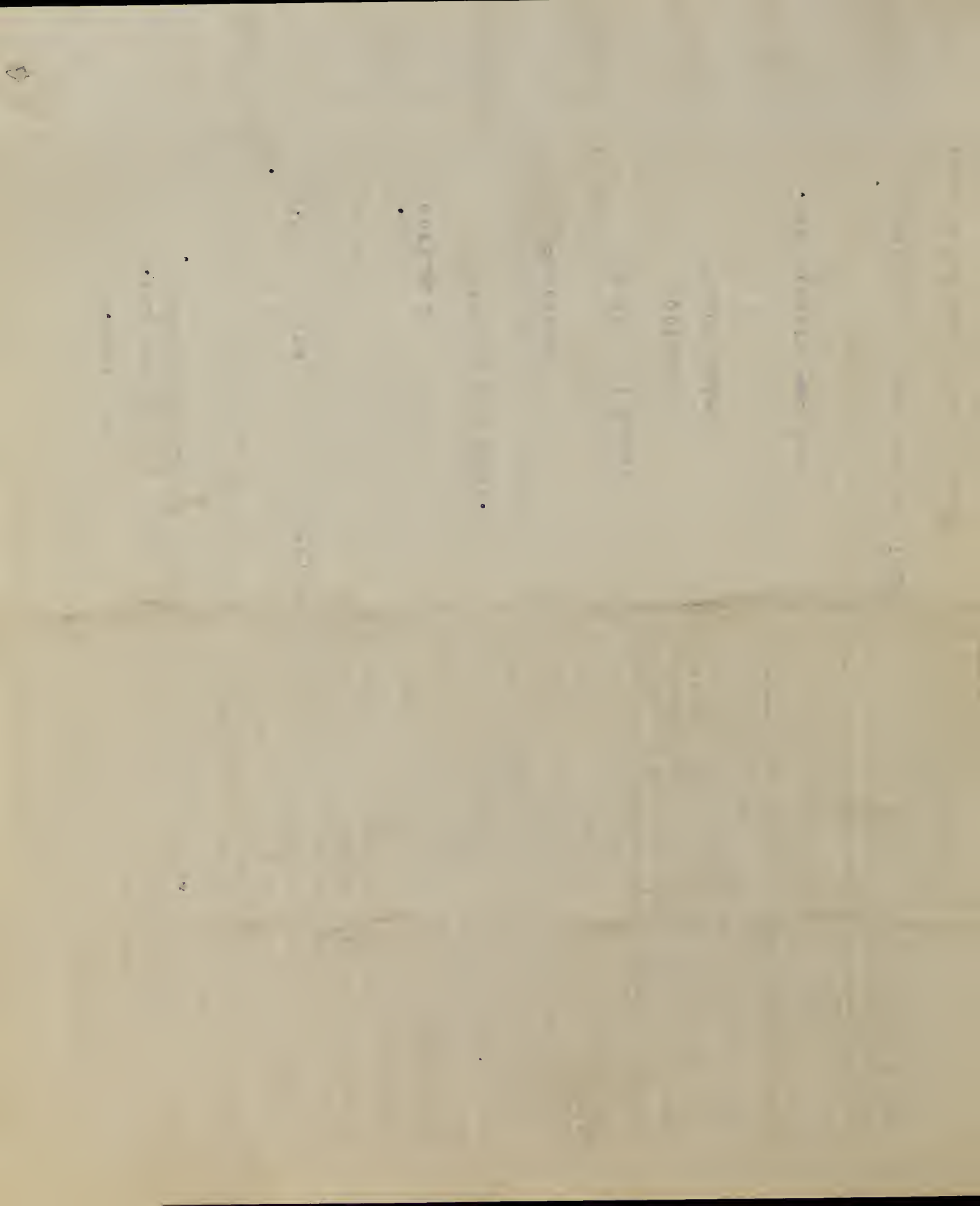
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† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Marion Chandler

Registered No. 27

Place of
Death * }

Cohasset, Mass.

Date of Death

Apr. 3rd 1906

Residence

Cohasset, Mass.

Age 69 years 7 months 7 days

STATISTICAL DETAILS

SEX

M

COLOR

W.

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE

Westford, Mass.

NAME OF
FATHER

William Chandler

BIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHER

Hedda Foster

BIRTHPLACE
OF MOTHER †

OCCUPATION

Printer, Mass.

INFORMANT §

Fred W. Chandler

PLACE OF BURIAL OR REMOVAL ||

Private Cem.

DATE OF BURIAL

Apr. 6 1906

UNDERTAKER

ADDRESS

Walter Jenkins Cohasset

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar. 21, 1906, to April 3, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac -

Contributory:

(DURATION) DAYS

(Signed)

Dr. 4 1906 (Address) Cohasset, Mass.

(DURATION) DAYS

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ?

years months

days

Where was disease contracted, if not at place of death ?

Filed

Apr. 5 1906 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country) also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

Chelsea and Mass.
CITY OF *88*

RETURN OF A DEATH

LOWELL

FULL NAME

Mary Julia Ready

Registered No.

29

Place of Death *

165 Westman St. North Chelsea, Mass

Date of Death

April 11, 1906

Age

21

years

10

months

20

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female

White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Forrest Mass.

NAME OF FATHER

Patrick Ready

BIRTHPLACE OF FATHER †

Ireland

MAIDEN NAME OF MOTHER

Mary O'Hara

BIRTHPLACE OF MOTHER †

Ireland

OCCUPATION

Operative

INFORMANT §

Patrick Ready Father

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

St. Patrick's Church April 9, 1906

UNDERTAKER

J. J. McDonald & Sons

ADDRESS

324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last

illness, from *Sept. 11, 1905* to *April 6, 1906*.

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Heart Disease*

Contributory: *(DURATION) DAYS*

(Signed) *J. J. McDonald* (DURATION) *10* DAYS

April 8, 1906 (Address) *Lowell* M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or Usual Residence: *(How long at) Place of Death? Days*

Where was disease contracted, if not at place of death? *(Days)*

Filed

Apr. 9, 1906 *Edmund J. Robinson* Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 89
OF

RETURN OF A DEATH

LOWELL

Registered No.

30

FULL NAME *John Edward*
Place of Death * *West Chatham*
Date of Death *Apr 12, 1906*

Age *—* years *—* months *1* days

STATISTICAL DETAIL

SEX *M* COLOR *White* SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

West Chatham

NAME OF FATHER

Joseph Moran

BIRTHPLACE
OF FATHER †

Lawrence Mass

MAIDEN NAME
OF MOTHER

Sarah Boy

BIRTHPLACE
OF MOTHER †

Lowell Mass

OCCUPATION

INFORMANT §

Joseph Moran

PLACE OF BURIAL OR REMOVAL ||

St Peter

DATE OF BURIAL

Apr 13 1906

UNDERTAKER

ADDRESS

Moran, J. Edmund To Graham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1906* to *April 12 1906*

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Infantile; Otosclerosis*

Contributory: *—* (DURATION) *—* DAYS

Contributory: *—* (DURATION) *—* DAYS

(Signed) *J. E. Dwyer* (DURATION) *—* DAYS
April 12 1906 (Address) *M. Chatham* R. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: *—* How long at *—* Place of Death? *—* Days

Where was disease contracted, if not at place of death? *—*

Filed *April 12 1906* *Edward J. Redburn* Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† State or County; also city, town or county, if known. Name and address of person giving statistical details.

‡ Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 90
OF

RETURN OF A DEATH

LOWELL

Registered No.

31

FULL NAME

Place of Death *

Date of Death

Stillborn
North Chelmsford
April 15, 1906

Age — years — months — days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female

W.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

Patrick Mahala
no. Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 15 to April 15, 1906

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

still birth

Contributory

(Signed)

April 15, 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

Where was disease contracted, if not at place of death?

How long at Place of Death?

Filed April 15, 1906 Edward J. Robbins Town Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
 OF

RETURN OF A DEATH

LOWELL

Registered No.

32

FULL NAME
 Place of Death *
 Date of Death

William Henry Stuart
 Lowell
 April 15 1906

Age — years — months — days

STATISTICAL DETAIL

SEX

male

COLOR

White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT'S

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDER-TAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to April 15 1906

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Still-born

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F. E. Larney M. D.

April 16 1906 (Address) N. Chalmers

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Place of Death? Days

Where was disease contracted, if not at place of death?

Filed April 16 1906 Edward J. Dillingham Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

92

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Martin Robbins

Registered No.

33

Place of Death *

Belmont Road, Mass

Date of Death

April 25

1906

Residence

"

"

Age 53

years

6

months

11

days

STATISTICAL DETAILS

SEX

M

COLOR

W

SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Suwanville, Maine

NAME OF FATHER

John Robbins

BIRTHPLACE OF FATHER †

Suwanville, Me

MAIDEN NAME OF MOTHER

Sally Dwyer

BIRTHPLACE OF MOTHER †

Libby Me

OCCUPATION

Real Estate

INFORMANT ‡

Mrs. Martin Robbins

PLACE OF BURIAL OR REMOVAL †

First Church, Lew

DATE OF BURIAL

Apr. 29 1906

UNDERTAKER

Walter Perkins

ADDRESS

Belmont Road

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 20 1906 to Apr. 25 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Double Lobar Pneumonia

(DURATION)

6

DAYS

Contributory:

(DURATION)

DAYS

(Signed)

Arthur G. Roberts

M.D.

Apr. 27 1906

(Address)

Belmont Road, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

May 1 1906

Edmund J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State and country also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

Chelmsford
CITY

RETURN OF A DEATH

LOWELL

OF

93

Registered No. 34

FULL NAME *Charles E. Loderburg*
Place of Death* *Chelmsford Centre*
Date of Death *May 8th 1906*

Age *29* years *3* months *29* days

STATISTICAL DETAIL

SEX *74.* COLOR *Dr.* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Lowell

NAME OF FATHER

Charles J. Loderburg

BIRTHPLACE OF FATHER †

Sweden

MAIDEN NAME OF MOTHER

Elizabeth Annott

BIRTHPLACE OF MOTHER †

Sweden

OCCUPATION

Daughter-in-law

INFORMANT §

Dr. E. C. Loderburg

PLACE OF BURIAL OR REMOVAL

Lowell Cemetery

DATE OF BURIAL

May 8th 1906

UNDERTAKER

McGuire

ADDRESS

68 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 3, 1906 to May 8, 1906*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:
Primary: *Cerebro-spinal meningitis*

Contributory *.....* (DURATION) *.....* DAYS

(Signed) *Arthur C. Loderburg* M. D.
May 8, 1906 (Address) *Chelmsford, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *.....* How long at *.....* Days

Where was disease contracted, if not at place of death? *.....*

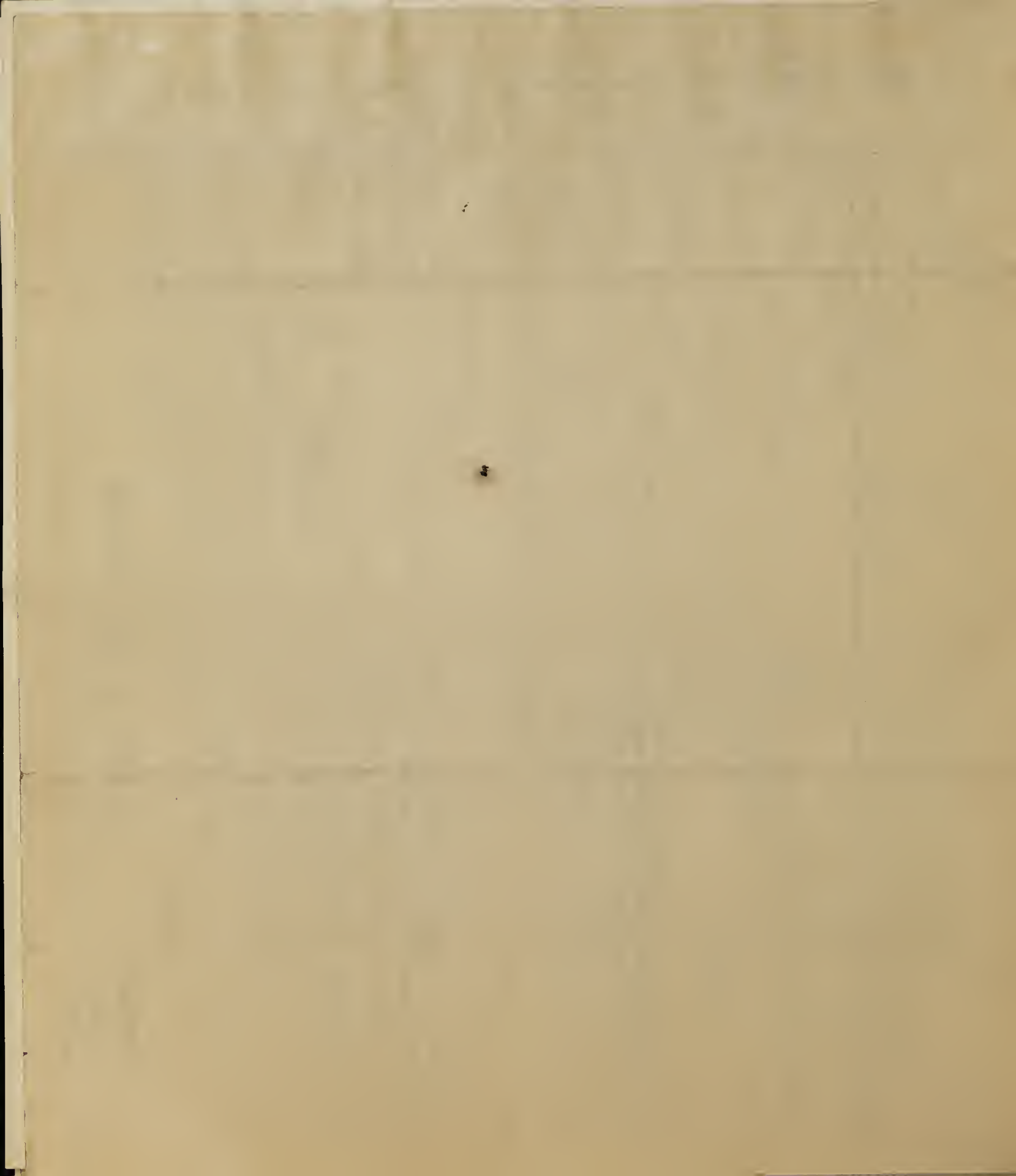
Filed *May 8 1906* *Edmund J. Robbins* Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.



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ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 94
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Elegia A. Wright

Registered No.

35

Place of Death *

South Shelburne Mass

Date of Death

May 12, 1906

Age

75

years

6

months

15

days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Married

MAIDEN NAME †

Elegia A. Childs

HUSBAND'S NAME †

Jonathan Wright

BIRTHPLACE †

Shelburne Mass

NAME OF
FATHER

Moses Childs

BIRTHPLACE
OF FATHER †

Barre Mass

MAIDEN NAME
OF MOTHER

Elegia Mudgett

BIRTHPLACE
OF MOTHER †

Barre Mass

OCCUPATION

at home

INFORMANT \$

Shelburne

PLACE OF BURIAL OR REMOVAL †

Shelburne Mass

DATE OF BURIAL

May 1906

UNDERTAKER

ADDRESS

E. W. Young & Co. 33 Front St.

I HEREBY CERTIFY that I attended deceased during last

illness, from May 12, 1906 to May 12, 1906,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

General Debility

(DURATION)

DAYS

Contributory

(Signed) Dr. W. W. Mudgett, M. D.

May 14, 1906 (Address) Barre Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or

How long at

Usual Residence

Place of Death?

DAYS

Where was disease contracted,

if not at place of death?

Filed

May 14, 1906 Edward J. Perkins

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL

RESIDENCE, give facts called for under "Special Information." If in a

Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

RETURN OF A DEATH

FULL NAME

Maud (Lucretia) Holman

Registered No.

36

Place of Death *

Belmont

Date of Death

May 17, 1906

Age 49

years

months

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Widow

MAIDEN NAME †

Maud Holman

HUSBAND'S NAME †

J. O. Holman

BIRTHPLACE †

Dorchester Mass

NAME OF
FATHER

Andrew Duggan

BIRTHPLACE
OF FATHER †

Dorchester Mass

MAIDEN NAME
OF MOTHER †

Caroline

BIRTHPLACE
OF MOTHER †

Dorchester

OCCUPATION

Domestic

INFORMANT ‡

Mrs J. H. Duggan

PLACE OF BURIAL OR REMOVAL ||

Mauden Place

DATE OF BURIAL

May 19, 1906

UNDERTAKER

Daniel P. Duggan

ADDRESS

Belmont

I HEREBY CERTIFY that I attended deceased during last illness, from May 15, 1906, to May 17, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Endocarditis

About 23 years

(DURATION)

DAYS

Contributory:

(Signed)

Arthur C. Leonard, M.D.

May 17, 1906, (Address)

Belmont, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death?

Days

Where was disease contracted, if not at place of death?

Filed

May 17, 1906, Edward J. Robbins, Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or county; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME *Clive T Hunt*Registered No. *37*Place of Death* } *Chelmsford Centre*Date of Death } *May 18 1906*

Residence

*Chelmsford*Age *74* years *2* months *29* days

STATISTICAL DETAILS

SEX *M.* COLOR *W.* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Charlestown

NAME OF FATHER

Samuel C. Hunt

BIRTHPLACE OF FATHER ‡

Conville

MAIDEN NAME OF MOTHER

Elizabeth A Warner

BIRTHPLACE OF MOTHER ‡

OCCUPATION

Antington

INFORMANT §

Grace Hunt

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Forest Hills Bur Chelmsford May 20 1906

UNDERTAKER

ADDRESS

Woolley & Peckham Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec. 1905* to *May 18 1906*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Profound(DURATION) *6 mos.* DAYS

Contributory:

(Signed)

*Anna Howard M.D.**May 20 1906* (Address) *Chelmsford Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years months days

Where was disease contracted, if not at place of death?

Filed

May 20 1906 Edward J. Pelling
Com Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

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ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 97

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

38

Age

75

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHERBIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 1905 to May 29, 1906.

that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was of follows:

Primary: Chronic Nephritis

Contributory: Coronary (DURATION) DAYS

(Signed) Emma Howard M. D.
May 31, 1906 (Address) Auburn, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed May 31, 1906 Edward J. Robbins
Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY

98

RETURN OF A DEATH

OF LOWELL

Registered No.

39

FULL NAME

Henry C. Caldwell

Place of Death *

Date of Death

May 30, 1906

Age

34

years

—

months

—

days

STATISTICAL DETAIL

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Holyoke, Mass.

NAME OF FATHER

Henry C. Caldwell

BIRTHPLACE OF FATHER †

Holyoke, Mass.

MAIDEN NAME OF MOTHER

Mary C. Caldwell

BIRTHPLACE OF MOTHER †

Holyoke, Mass.

OCCUPATION

Carpenter

INFORMANT §

Mother

PLACE OF BURIAL OR REMOVAL ||

St. Patrick's Cemetery

DATE OF BURIAL

June 3, 1906

ADDRESS

St. Patrick's Cemetery

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 20, 1906, to May 1906.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Bronchitis

Contributory

(Duration)

(Signed)

Dr. J. H. Smith

M. D.

1906

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Place of Death?

Where was disease contracted, if not at place of death?

Filed

June 1, 1906, Edward J. Robbins, Clerk.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Julia A Hodges

Place of }
Death * }

Chelmsford East

Registered No.

48

Date of }
Death }

June 1 1906

Residence

Chelmsford

Age

90 years 9 months 25 days

STATISTICAL DETAILS

SEX

Female

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

wid.

MAIDEN NAME †

J.A. Deane

HUSBAND'S NAME †

Benjamin F. Hodges

BIRTHPLACE ‡

East Boston

NAME OF
FATHER

Dominic Deane

BIRTHPLACE
OF FATHER ‡

East Boston

MAIDEN NAME
OF MOTHER

Annie Field

BIRTHPLACE
OF MOTHER ‡

Taunton

OCCUPATION

at home

INFORMANT §

Mary J. Cummings

PLACE OF BURIAL OR REMOVAL ||

Hopkinton Cemetery

DATE OF BURIAL

June 4 1906

UNDERAKER

Mabel Parker

ADDRESS

Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to June 1 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed)

Anna Howard M.D.

June 2 1906 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

June 3 1906 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY

RETURN OF A DEATH

LOWELL

Registered No.

41

FULL NAME

John P. Thorneau

Place of Death *

North Chelmsford

Date of Death

June 3 — 1906

Age

years

6 months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

♂

White

MARRIED NAME †

HUSBAND'S NAME †

BIRTHPLACE †

North Chelmsford

NAME OF FATHER

Legitimate Child Thomas Undermon

BIRTHPLACE OF FATHER †

North Chelmsford

MARRIED NAME OF MOTHER

Maria Thorneau

BIRTHPLACE OF MOTHER †

Canada

OCCUPATION

Child

INFORMANT \$

Maria Thorneau

PLACE OF BURIAL OR REMOVAL †

St Joseph's

DATE OF BURIAL

June 4 1906

UNDERTAKER

Joseph Albert

ADDRESS

St Joseph's

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1906 to 1906

that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was of follows:

Primary: Pulmonary tuberculosis

Contributory: (DURATION) DAYS

(Signed) J. E. Thorneau M. D.

June 3 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed

June 4 1906 Edward J. Robbins Town Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
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 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death

Date of Death

Registered No.

Age

years

months

days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last

illness, from 190 to 190

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Adenocarcinoma of Esophagus*

(CONTRIBUTORY) *Dr. James C. Leavitt* DAYS

(Signed) *J. B. Smith* (Duration) *10* DAYS

June 7, 1906 (Address) *219 Belmont St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

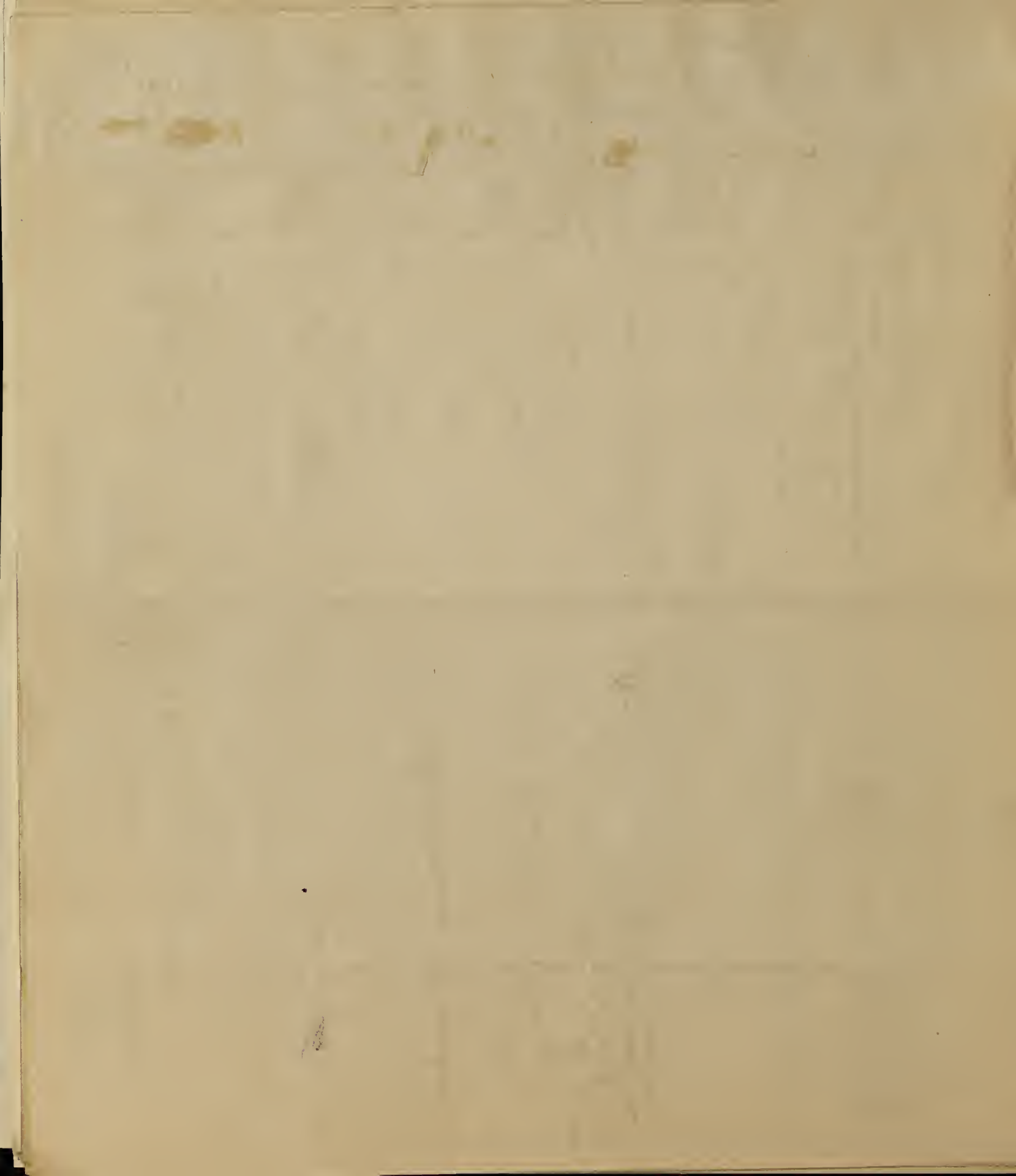
June 7, 1906 *Edward J. Coffey* Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.



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ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 102

RETURN OF A DEATH

LOWELL

FULL NAME

James Edward Constantine

Registered No. 413

Place of Death *

James Edward Constantine

Date of Death

January 9, 1906 Age 28 years 11 months 11 days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Male White

MAIDEN NAME †

James E. Wm. Wals

HUSBAND'S NAME †

Wm. J. Constantine

BIRTHPLACE †

Phred Veland

NAME OF FATHER

Phred Wm. Wals

BIRTHPLACE OF FATHER †

Phred Wm. Wals

MAIDEN NAME OF MOTHER

Ellen Foster

BIRTHPLACE OF MOTHER †

England

OCCUPATION

at home

INFORMANT \$

at home

PLACE OF BURIAL OR REMOVAL ||

PAID OF BURIAL

1906

at home

at home

UNDERTAKER

at home

at home

I HEREBY CERTIFY that I attended deceased during last

illness, from Jan 1906 to June 9 1906,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Haemoria

Contributory: organic disease of viscera

(Signed) Wm. J. Constantine M.D.

June 9 1906 (Address) M. J. Constantine

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed June 11 1906

at home

at home

at home

at home

at home

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

103

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Mary Ann McKeade

Registered No. 940

Place of }
Death * }

City Hospital

Date of }
Death }

June 22 1906

Residence

South Auburn Road,

Age

80

years

months

days

STATISTICAL DETAILS

SEX

F

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

S.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Boston Mass.

NAME OF
FATHER

George M. Keade

BIRTHPLACE
OF FATHER ‡

Ireland

MAIDEN NAME
OF MOTHER

Mary Riley

BIRTHPLACE
OF MOTHER ‡

Ireland

OCCUPATION

Nurse

INFORMANT §

Frederick Bailey

PLACE OF BURIAL OR REMOVAL ||

Cedar Lane, Lowell

DATE OF BURIAL

June 24 1906

UNDERTAKER

J. B. Burvill

ADDRESS

58 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 1906 to June 21 1906 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Chorea

Contributory:

(Signed)

Doctor W. Smith

M.D.

June 22 1906 (Address)

Lowell Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? years months days

Where was disease contracted, if not at place of death ?

Filed

June 25 1906

City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME Instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or county, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

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ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 104

RETURN OF A DEATH OF LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age 15 years 05 months - days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT \$

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 5 1905 to Jan 23 1906.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:
Primary: Hodgkin's disease

Contributory: two years (DURATION) DAYS

Contributory

(Signed) J. E. Harvey (DURATION) DAYS

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Jan 25 1906 Edward J. Gathright Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Chenoweth W. Sweet

Registered No. 46

Place of
Death *

Chelmsford,

Date of
Death

June 25 1906

Residence

" "

Age

63

years

3

months

15

days

STATISTICAL DETAILS

SEX

M

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Rothsdown N. Y.

NAME OF
FATHER

George Sweet

BIRTHPLACE
OF FATHER †

Rothsdown Canada

MAIDEN NAME
OF MOTHER

Maria Morrison

BIRTHPLACE
OF MOTHER †

N. Y. State -

OCCUPATION

Mechanic

INFORMANT §

Mrs. A. J. W. Sweet

PLACE OF BURIAL OR REMOVAL ||

Fire Ridge Chelmsford June 25 1906

DATE OF BURIAL

UNDERTAKER

ADDRESS

Walter Johnson Chelmsford Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 1905 to June 23 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary tuberculosis.

(DURATION) 6 mos.

Contributory:

(Signed) Emma Howard (DURATION) DAYS

June 26 1906 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

June 27 1906 Edward J. R. Davis Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL



RETURN OF A DEATH

OF
LOWELL

Registered No. 4715

FULL NAME *Frank Danivgan*
 Place of Death * *North Chelmsford Mass*
 Date of Death *July 4 1906*

Age *57* years *—* months *—* days

STATISTICAL DETAIL

SEX *M* COLOR *W* ☒ SINGLE, MARRIED,
☒ WIDOWED, OR
☐ DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

*Ireland*NAME OF
FATHER*Peter Danivgan*BIRTHPLACE
OF FATHER †*Ireland*MAIDEN NAME
OF MOTHER*Unknown*BIRTHPLACE
OF MOTHER †*Ireland*

OCCUPATION

Maudslae

INFORMANT §

James Danivgan

PLACE OF BURIAL OR REMOVAL ||

St Patrick

DATE OF BURIAL

July 5 1906

UNDERTAKER

ADDRESS

of Helle Dobson at 70 Garland St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last
 illness, from *July 5 1906* to *July 3 1906*,
 that to the best of my knowledge and belief death occurred on the
 date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Heart Disease

(DURATION)..... DAYS

Contributory

(DURATION)..... DAYS

(Signed)

Edward J. O'Brien

M. D.

July 5 1906 (Address) *253 Central St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
 or Recent Residents.

Former or

Usual Residence.....

How long at
Place of Death?..... DaysWhere was disease contracted,
 if not at place of death?.....

Filed

July 5 1906 *Edward J. O'Brien*
John Clerk

*City or Town, street and number, if any. If death occurs away from USUAL
 RESIDENCE, give facts called for under "Special Information." If in a
 Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

107

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Edith Babin

Lambert

Registered No.

48

Place of
Death *

Wash. Chalmers St. Worcester

Date of
Death

July 6 1906

Residence

Wash. Chalmers St. Worcester

Age

years months days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHERBIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last
illness, from 190 to July 6 1906.that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Erythraemia Neonatorum

Secondary: Peritonitis

Contributory:

(Signed)

J. E. Harvey

M.D.

July 7 1906 (Address) W. Chalmers St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
or Recent Residents.How long at
Place of Death? years months daysWhere was disease contracted,
if not at place of death?

Filed

July 7 1906 Edward J. Robbins
Clerk* City or town, street and number, if any. If death occurs away from USUAL RESI-
DENCE, give facts called for under "Special Information." If in a Hospital or
Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 108

RETURN OF A DEATH

LOWELL

FULL NAME

Elizabeth Hammond Pease

Registered No.

49

Place of Death *

North Chelmsford, Mass

Date of Death

July 7, 1906

Age

82 years 5 months 17 days

STATISTICAL DETAIL

SEX

Male

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

South Haven, Mass

NAME OF
FATHER

Joseph Pease

BIRTHPLACE
OF FATHER †

Pembroke, Mass

MAIDEN NAME
OF MOTHER

Estley Hammond

BIRTHPLACE
OF MOTHER †

Pembroke, Mass

OCCUPATION

Iron Foundry Owner

INFORMANT \$

Boose L. Triggott

PLACE OF BURIAL OR REMOVAL †

North Chelmsford

DATE OF BURIAL

July 10, 1906

UNDERTAKER

A. Wendick

ADDRESS

50 Middlebury St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 1, 1906, to July 7, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:
Primary: Thrombosis

(DURATION)

5

DAYS

Contributory

Chronic Pericarditis

(OCCUPATION)

Owner

(Signed)

E. C. Halstead

M. D.

July 9, 1906 (Address) 17 Middlebury St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Days

Where was disease contracted, if not at place of birth?

Filed July 9, 1906 Edward J. Robbins Town Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

‡ Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 109
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Letitia Sedgwick

Chelmsford Mass

July 9th 1906

Age..... years..... months..... days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female

W

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Lowell Mass.

NAME OF FATHER

Samuel Davis

BIRTHPLACE ‡

Worcester P. S.

MAIDEN NAME
OF MOTHER †

Letitia Sedgwick

BIRTHPLACE
OF MOTHER †

Salem Mass

OCCUPATION

INFORMANT §

Letitia Sedgwick

PLACE OF BURIAL OR REMOVAL ||

Cedar Cove

DATE OF BURIAL

July 9th 1906

UNDERTAKER

J. W. Burdick

ADDRESS

Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 8th* 190... to *July 9th* 190...*5*

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Alcohol, heart failure*

Contributory..... (DURATION).....*one* DAY

Contributory..... (DURATION).....

(Signed).....*Walter H. Hargis*..... M. D.

..... 190... (Address).....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or Usual Residence..... How long at Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed *July 10* 1906 *Charles J. Robins* Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 110

RETURN OF A DEATH

OF LOWELL

FULL NAME

Place of Death *

Registered No.

51

Date of Death

July 11, 1906

Age 65 years

2 months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHERBIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 5, 1906, to July 11, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Exhaustion of weakness
Refused food & drink for 4 days
(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

J. E. Harvey M. D.

July 11, 1906

(Address) 91 Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Usual Residence

Days

Where was disease contracted, if not at place of death?

Filed

July 13, 1906 Edward J. Robbins, Town Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Place of Burial or Removal ||
Winchester Cemetery July 28, 1906
Undertaker
B. W. Young & Co 33 Prescott St

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Registered No.

Date of Death

Age

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 3, 1906, to July 14, 1906,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Organic disease of heart

Contributory: ... (DURATION) ... DAYS

Contributory: ... (DURATION) ... DAYS

(Signed) J. E. Jarvey M. D. July 14, 1906 (Address) N. Chatham St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: ... Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed July 16, 1906 Edward J. Redding Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME, instead of street and number.

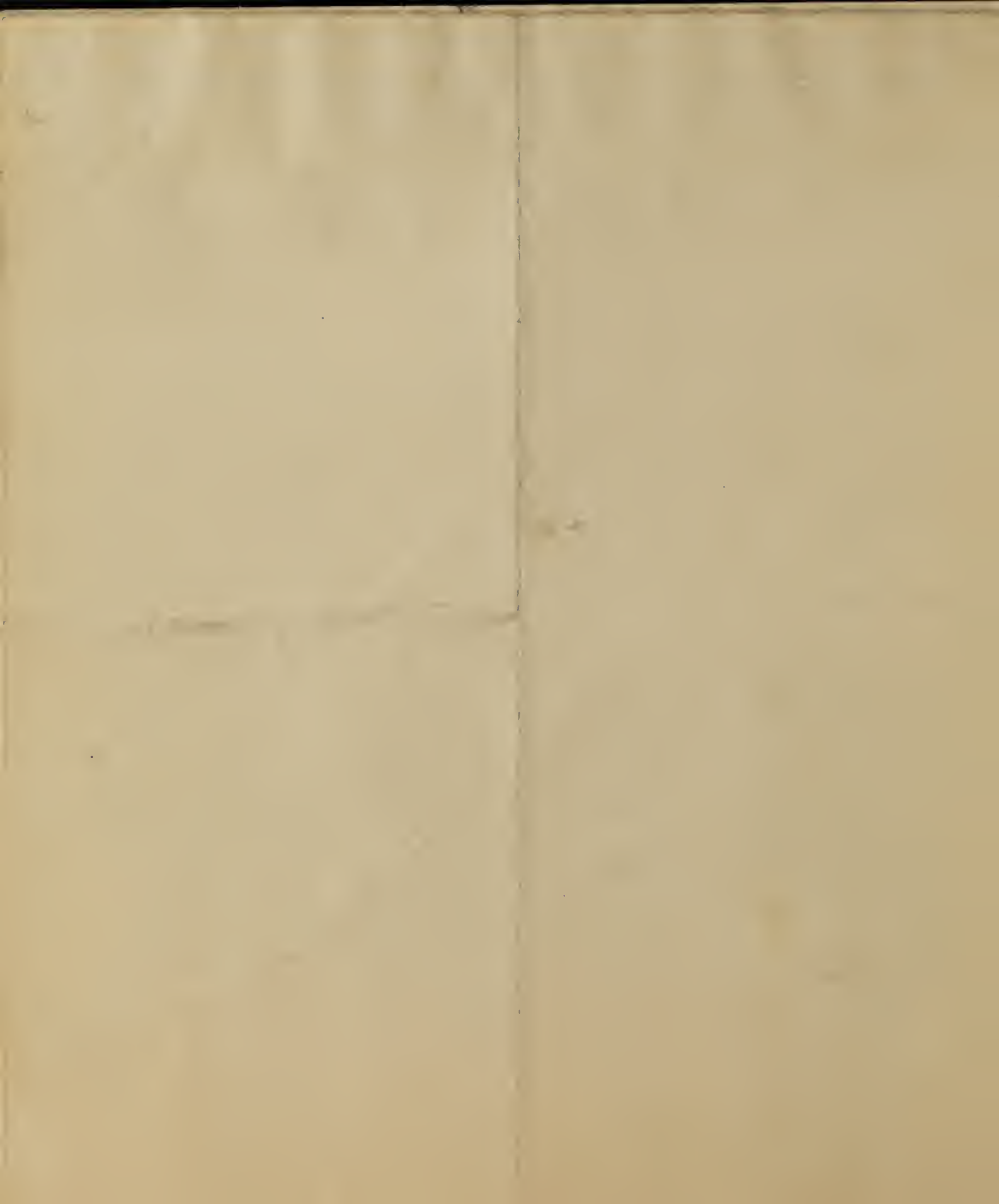
† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Place of Burial or Removal: Riverside Cemetery
Date of Burial: July 16, 1906
Undertaker: J. M. Young & Co. 33 Broad St.



MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 112
 OF

RETURN OF A DEATH LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age years months days

STATISTICAL DETAIL

SEX COLOR SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT \$

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 18, 1906, to July 19, 1906.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Still born

Contributory: (DURATION) DAYS

(Signed) J. E. Varney M. D.

July 15, 1906 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Killed July 19, 1906. Edward J. Robbins Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY

113

RETURN OF A DEATH

OF LOWELL

FULL NAME

Place of Death*

Sarah M. Cornell

Registered No.

54

Date of Death

July 18, '06

Age 51 years 5 months 10 days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female

Blk

MAIDEN NAME †

Sarah Maria Gibson

HUSBAND'S NAME †

Charles M. Cornell

BIRTHPLACE †

Hessford, Mass

NAME OF FATHER

George Gibson

BIRTHPLACE OF FATHER †

Not known

MAIDEN NAME OF MOTHER

Joanna Cheney

BIRTHPLACE OF MOTHER †

Sunderoga, N.Y.

OCCUPATION

At Home

INFORMANT §

Charles Cornell

PLACE OF BURIAL OR REMOVAL

North Street

DATE OF BURIAL

July 20, 1906

UNDERTAKER

J. O. Winthrop

ADDRESS

80 Middlebury St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 3, 1906, to July 18, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Sharp pain

(DURATION) 15 DAYS

Contributory Organics disease of heart

(DURATION) 15 YEARS

(Signed) J. E. Hanney M.D.

July 18, 1906 (Address) 71 Cedar Street

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed July 19, 1906 Charles J. Reilly Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Evelyn E. Sullivan

Registered No.

55

Place of
Death*}

Belchamaford, Mass.

Date of
Death

July 25

1906

Residence

"

"

Age

Stillborn

months. days

STATISTICAL DETAILS

SEX

F

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Belchamaford, Mass.

NAME OF
FATHER

James E. Sullivan

BIRTHPLACE
OF FATHER ‡

Belchamaford

MAIDEN NAME
OF MOTHER ‡

Annie Locke

BIRTHPLACE
OF MOTHER ‡

OCCUPATION

Darning Lin., N. H.

INFORMANT §

Mrs. Geo. Locke.

PLACE OF BURIAL OR REMOVAL ||

West Pond, Cemetery

DATE OF BURIAL

July 26 1906

UNDERTAKER

Walter Perkins

ADDRESS

Belchamaford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 25 1906 to July 25 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Still born.

(DURATION)

DAYS

Contributory:

(DURATION)

DAYS

(Signed)

John E. Howard, M.D.
July 26 1906 (Address) Belchamaford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death?

years

months

days

Where was disease contracted,
if not at place of death?

Filed

July 26 1906 Edward J. Robbins
Clerk

* City or town, street and number, if any, if death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State and country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Elijah Andrews

Registered No.

56

Place of
Death*}

Chelmsford Town, Harrow

Date of
Death }

July 27

1906

Residence

Chelmsford

Age 76

years

months

12

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Hudson, N.Y.

NAME OF
FATHER

Brennan Andrews

BIRTHPLACE
OF FATHER †

Unknown

MAIDEN NAME
OF MOTHER

Unknown

BIRTHPLACE
OF MOTHER †

Unknown

OCCUPATION

Farmer

INFORMANT §

A. P. Brown

PLACE OF BURIAL OR REMOVAL ||

Pine Knolls Cemetery,

DATE OF BURIAL

July 28

1906

UNDERTAKER

Morton P. Brown

ADDRESS

Chelmsford

I HEREBY CERTIFY that I attended deceased during last illness, from 1905 to July 27, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chancera

(DURATION) DAYS

Contributory:

Smile

(DURATION) DAYS

(Signed) Emma Howard M.D.

July 28 1906 (Address)

Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

July 28 1906 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

Clerk

Clerk

Clerk



MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 116
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from..... 190... to July 27 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: 2 or 3 weeks (DURATION)..... DAYS

Contributory: (DURATION)..... DAYS

(Signed) J. E. Harney M. D.

July 31 1906 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed July 31 1906 Edmund J. Keating Town Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME, instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 117
OF

RETURN OF A DEATH LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age 63 years months days

STATISTICAL DETAIL

SEX

COLOR

Mr.

Or.

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE †

OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE †

OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 3, 1906 to Aug 6, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Cholera Morbus

Contributory

(Signed)

Arthur H. Anderson M.D.

Aug 6, 1906 (address) Charles Fred Ward

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Place of Death: Days

Where was disease contracted, if not at place of death?

Filed

Aug 7 1906 Edward J. Robbins Town Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK. THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
 OF

RETURN OF A DEATH

LOWELL

Registered No.

59

FULL NAME

Andrew Sperry

Place of Death *

Aug 11

Age

years

months

1

days

STATISTICAL DETAIL

SEX

Male

COLOR

W

SINGLE, MARRIED,
 WIDOWED, OR
 DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 11 1906, to Aug 11 1906.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Primary Asphyxia

Heart-weak-for long time

Contributory

(signed) F. E. Varney

Aug 11 1906

(Address) 9, Chelsea Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed

Aug 10 1906

Edward J. Perkins

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Tohoboa
(CITY OR TOWN)

119

STATISTICAL DETAILS

FULL NAME Spaulding, Solomon Registered No. 68

Place of Death* Tohoboa, Solomons' Home Date of Death July 21, 1906

Residence Tohoboa, Mass. Age 83 years 1 month 1 day

PHYSICIAN'S CERTIFICATE

SEX M COLOR W ~~WIDOWED, OR~~ ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Woburn, Mass.

NAME OF FATHER George Spaulding

BIRTHPLACE OF FATHER ‡ Woburn, Mass.

MAIDEN NAME OF MOTHER Rhoda Frederick

BIRTHPLACE OF MOTHER ‡

OCCUPATION Superintendent

INFORMANT \$ Blacksmith

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 5, 1905 to July 21, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

Contributory: Heart Disease (DURATION) 10 DAYS

(Signed) Monny Spear (DURATION) 5 DAYS

July 21, 1906 (Address) Tohoboa M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 1 year 6 months 16 days

Where was disease contracted, if not at place of death?

Filed

July 23, 1906 Charles H. Wood Clerk

PLACE OF BURIAL OR REMOVAL ‡

DATE OF BURIAL

Undertaker Lowell Mass ADDRESS Lowell 190

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

THE UNIVERSITY OF CHICAGO
LIBRARY

1950 JAN 10 10 10 AM

1950 JAN 10 10 10 AM

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Louis M. Hackett

Registered No.

61

Place of
Death * }

Belmont, Mass.

Date of
Death }

Aug 14

1906

Residence

Belmont, Mass.

Age

70

years.

months.

days

STATISTICAL DETAILS

SEX

M

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Berie Ferguson

HUSBAND'S NAME †

W. F. Hackett

BIRTHPLACE †

Franklin, Ct.

NAME OF
FATHER

Edward Ferguson

BIRTHPLACE
OF FATHER †

Unknown

MAIDEN NAME
OF MOTHER

Reginald Wilkie

BIRTHPLACE
OF MOTHER †

Canada

OCCUPATION

Housekeeper

INFORMANT \$

Mrs. J. F. Holman

PLACE OF BURIAL OR REMOVAL ||

Edison Burial, Forces, Mass.

DATE OF BURIAL

Aug 17, 1906

UNDERTAKER

Walter Perkins

ADDRESS

Belmont, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 19, 1906 to Aug 14, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Heart Disease Paralysis

Contributory:

Gastritis

(DURATION)

1 year.

(Signed)

Edmund J. Howard, M.D.

Aug. 16, 1906

(Address)

Belmont, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death?

years.

months.

days

Where was disease contracted,
if not at place of death?

Filed

Aug 17, 1906

Edmund J. Roberts

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF

RETURN OF A DEATH

LOWELL

121

FULL NAME

Place of Death *

Date of Death

Registered No.

Age

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED, WIDOWED OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE ‡ OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE ‡ OF MOTHER †

OCCUPATION

INFORMANT \$

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 3, 1906 to Aug 7th, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Contributory

(Signed)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

Where was disease contracted, if not at place of death?

How long at Usual Residence? Place of Death?

Filed

Aug 20 1906

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

in French

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Registered No.

63

Place of
Death * }Date of
Death

Aug. 23 1906

Residence

"

"

Age 58

years

months

26 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

F

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Sarah Whittemore

HUSBAND'S NAME †

Edwidge A. Blanchard

BIRTHPLACE ‡

NAME OF
FATHER

Dorwell, Mae.

BIRTHPLACE
OF FATHER ‡

Isaac Whittemore

MAIDEN NAME
OF MOTHER

Teresa Edwidge Mae.

BIRTHPLACE
OF MOTHER ‡

Unknown

OCCUPATION

Housekeeper

INFORMANT §

Edward Blanchard (son)

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

Green Cem. Cambridge Aug 24 1906
Walter Perkins Chelmsford

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 20, 1906, to Aug. 23, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Anoxia

(DURATION) 4 DAYS

Contributory:

(DURATION) DAYS

(Signed)

Arthur C. Hartman, M.D.

Aug 23, 1906, (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death ?

years

months

days

Where was disease contracted,
if not at place of death ?

Filed

Aug 24 1906 Edward J. Perkins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Mary Mariach ~~Dr~~ Blaisdell

Registered No.

64

Place of }
Death * }

Chebucto, Mass.

Date of
Death

Aug. 26

1906

Residence

Chebucto, "

Age

66

years

2

months

2

days

STATISTICAL DETAILS

SEX

F

COLOR

W.

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Mary M. Ormrod.

HUSBAND'S NAME †

Andrew Dr. Blaisdell

BIRTHPLACE †

Chebucto, Vermont

NAME OF
FATHER

Edward Ormrod

BIRTHPLACE
OF FATHER †

Vermont

MAIDEN NAME
OF MOTHER

Oliver Baldwin

BIRTHPLACE
OF MOTHER †

Vermont

OCCUPATION

Housewife

INFORMANT \$

Living Blaisdell, (son).

PLACE OF BURIAL OR REMOVAL †

East Pond Cemetery,
South Chebucto

DATE OF BURIAL

Aug. 29 1906

UNDERTAKER

Walter Peckham

ADDRESS

Chebucto

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 24 1906 to Aug. 26 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Senile pneumonia

Contributory:

4 months

(DURATION)

DAYS

(Signed)

J E Warner

M.D.

Aug 27 1906 (Address)

N. Chebucto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death?

years

months

days

Where was disease contracted,
if not at place of death?

Filed

Aug 28 1906 Edward J. Robbins
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State and country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

Clerk

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 124
 OF

RETURN OF A DEATH

LOWELL

Registered No. 65

FULL NAME

Joseph Cole, North Chelmsford.

Place of Death *

Sept 5th 1905

Age

years

months

days

STATISTICAL DETAIL

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

North Chelmsford

NAME OF FATHER

Ernie Cote

BIRTHPLACE OF FATHER †

Canada

MAIDEN NAME OF MOTHER

Helia Breville

BIRTHPLACE OF MOTHER †

Canada

OCCUPATION

—

INFORMANT §

Ernie Cote

PLACE OF BURIAL OR REMOVAL ||

St Joseph's

DATE OF BURIAL

Sept 5th 1905

UNDERTAKER

Joseph Albert

ADDRESS

577 Geneva

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Sept 5 1906

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Premature birth

one hour

(DURATION)

DAYS

Contributory

J. E. Lavery

(DURATION)

DAYS

(Signed)

Sept 5 1906 (Address) N. Chelmsford M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death?

Days

Where was disease contracted, if not at place of death?

Filed

Sept 5 1906 Edmund J. G. G. G. Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME

Charles Williams

Registered No. 1386

Place of Death *

City Hospital

Date of Death { Sep 6 1906

Residence

Bedford Mass

Age 46 years 5 months 28 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

M.

COLOR

W.

SINGLE, MARRIED, WIDOWED, OR DIVORCED

M.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

England

NAME OF FATHER

William Williams

BIRTHPLACE OF FATHER ‡

England

MAIDEN NAME OF MOTHER

Mary Smith

BIRTHPLACE OF MOTHER ‡

England

OCCUPATION

Operator

INFORMANT §

Harry Williams

PLACE OF BURIAL OR REMOVAL ||

Bedford Mass

DATE OF BURIAL

Sept 9 1906

UNDERTAKER

Le M. Young & Co 33 Prescott St

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from May 24 1905 to Sep 6 1906 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart disease

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed)

Doctor W. Smith

M.D.

1906 (Address)

M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 1 years 4 months days

Where was disease contracted, if not at place of death?

Filed

Sept 10 1906

City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
 OF

126

RETURN OF A DEATH

LOWELL

Registered No.

67

FULL NAME

Place of Death

Date of Death

Richard M. Schultz
 East Chelsea
 September 8, 1906 Age 68 years

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX: *Male* COLOR: *White* SINGLE, MARRIED, WIDOWED OR DIVORCED

MAIDEN NAME

HUSBAND'S NAME

BIRTHPLACE

Ireland

NAME OF FATHER

Matthew Schultz

BIRTHPLACE OF FATHER

Ireland

MAIDEN NAME OF MOTHER

not known —

BIRTHPLACE OF MOTHER

Ireland

OCCUPATION

Farmer

INFORMANT

Mr. Richard

PLACE OF BURIAL OR REMOVAL

St. James Cemetery

DATE OF BURIAL

Sept. 11, 1906

UNDERSTAND

Richard M. Schultz

ADDRESS

124 Pearl St.

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug 10* 1906 to *Sept 8* 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Coronary Heart Disease

Contributory

Ed. Welch (Signature) *21 Russell St.* (Address)

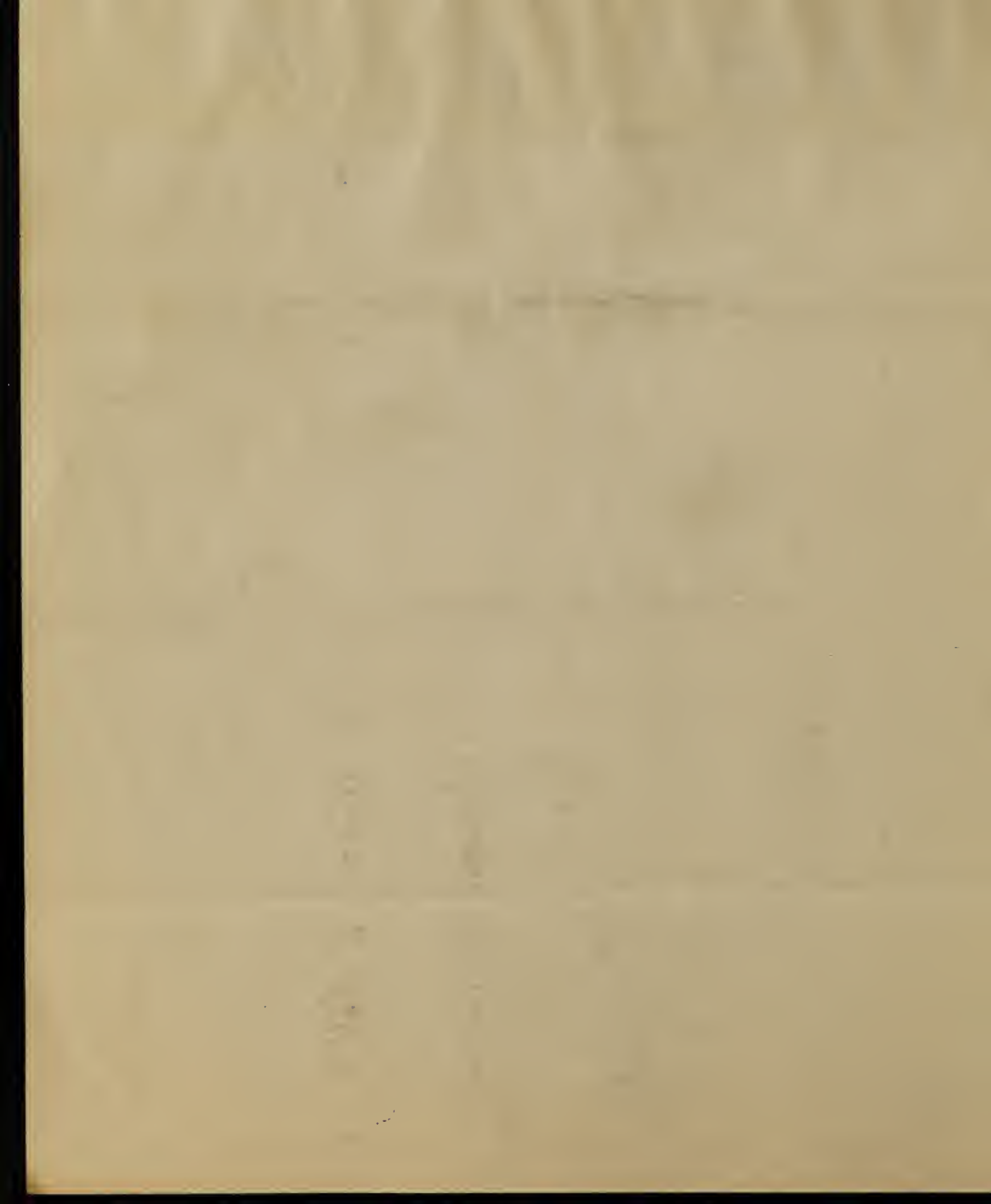
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence *How long at Place of Death?* Days

Where was disease contracted, if not at place of death?

Sept 10 *1906* *Richard M. Schultz* *Lowell*

* City or Town, street and number, if any. If death occurs away from usual residence, give facts called for under "Special Information." If in a hospital or institution, give its NAME. Instead of street and number. If in case of married or divorced woman, or widow. If State or Country; also city, town or county, if known. If Name and address of person giving statistical details. Name of cemetery.



ALL NAMES TO BE IN FULL.

CITY
OF

LOWELL

Registered No.

RETURN OF A DEATH

October 25, 1906 Age 47 years — months — days

PHYSICIAN'S CERTIFICATE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

meal White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE
OF FATHER

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL IF

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from 190... to Del-20th 1906

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows :

Primary : *Maemic pneumonia*

Contributory : *Tuberc* (DURATION)..... DAYS

(Signed) *J E Harvey* (DURATION)..... DAYS
Del-26 1906 (Address) *Richmond Place* M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at
Where was disease contracted, if not at place of death?..... Place of Death?..... Days

Del-27 1906 *E. Edwards* *Coroner* Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country ; also city, town or county, if known.

§ Name and address of person giving statistical details.

Name of cemetery.

The Board of Directors of the
 Bank of the City of New York
 has the honor to acknowledge the receipt of
 your letter of the 10th inst.

and in reply to inform you that the same
 has been forwarded to the proper
 authorities for their consideration.
 Very respectfully,
 J. D. [Signature]

RECEIVED OF A [illegible]

J. D. [Signature]

New York, [illegible]

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

(CITY OR TOWN.)

1-28

RETURN OF A DEATH

FULL NAME

Mary Jane Minn

Registered No.

69

Place of
Death*

Chelmsford Centre

Date of
Death

Oct 27

1906.

Residence

Chelmsford

Age 81

years.

3

months

13

days

STATISTICAL DETAILS

SEX

Female

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Salem

NAME OF
FATHER

John Minn

BIRTHPLACE
OF FATHER ‡

Salem

MAIDEN NAME
OF MOTHER

Sally Flint

BIRTHPLACE
OF MOTHER ‡

Salem

OCCUPATION

INFORMANT §

J. E. Minn

PLACE OF BURIAL OR REMOVAL ||

Hawthorne Bros. Cem.
Salem

DATE OF BURIAL

Oct 29 1906

UNDERTAKER

Walter Parham

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last
illness, from Oct. 23 1906 to Oct. 27 1906,that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis

(DURATION)

3

DAYS

Contributory:

Senile

(DURATION)

DAYS

(Signed)

Amos A. Howard

M.D.

Oct 28 1906 (Address: Chelmsford Mass)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
or Recent Residents.How long at
Place of Death?

years

months

days

Where was disease contracted,
if not at place of death?

Filed

October 28 1906

Edward J. Howard

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESI-
DENCE, give facts called for under "Special Information." If in a Hospital or
Institution, give its NAME. Instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

21 Howard
CITY
OF 129

LOWELL

RETURN OF A DEATH

FULL NAME

Place of Death *

Date of Death

Registered No.

Age

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 1906 to Oct. 29 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Acute

(DURATION) 3 months

Contributory: Sepsis

(DURATION) 10 days

(Signed) Emma Howard M. D.

Oct. 29 1906 (Address) Chatham St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed Oct. 30 1906 Edward J. Williams, Town Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Dr. H. C. P. McDevitt To Graham

2

RECEIVED BY THE OFFICE OF THE SECRETARY OF THE ARMY
JUL 20 1917
JUL 20 1917

OFFICE

RECEIVED BY THE OFFICE OF THE SECRETARY OF THE ARMY

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FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

130

(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME

Place of
Death * }

Registered No.

1624

Date of
Death }

Oct. 30

1906

Residence

Age

53

years

months

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ¶

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended/deceased during last illness, from Oct. 28 1906 to Oct. 30 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Inflammation

Contributory:

(Signed)

Merritt A. Long

M.D.

Oct. 30 1906 (Address) Lowell Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years

months

days

Where was disease contracted, If not at place of death?

Filed

Nov. 3 1906 Bernard J. O'Connell

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

THE UNIVERSITY OF CHICAGO
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THE UNIVERSITY OF CHICAGO
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FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Leonardina M. Elston

Registered No.

72

Place of }

Death* } So. Chelmsford, Mass.

Date of }

Death { Nov. 10, 1906.

Residence

Age 79 years 9 months 12 days

STATISTICAL DETAILS

SEX

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Albany, N. Y.

NAME OF
FATHER

Jonathan Fletcher

BIRTHPLACE
OF FATHER †

Greenville, Maine

MAIDEN NAME
OF MOTHER

Margaret Packard

BIRTHPLACE
OF MOTHER †

OCCUPATION

Farmer

INFORMANT \$

Mrs. Burton Packard

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

Port Bond Cemetery,
So. Chelmsford, Mass.

ADDRESS

So. Chelmsford,
Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 31 1906 to Nov. 10 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pericarditis

(DURATION) 3 DAYS

Contributory: Engle's Carditis

(DURATION) DAYS

(Signed)

W. J. Stepper for Dr. W. L. M. D.
11-10 1906 (Address) Westford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death ?

years months days

Where was disease contracted,
if not at place of death ?

Filed

Nov. 12 1906 Edward J. Rogers
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY
OF

132

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death*

Registered No.

73

Date of Death

Age 44 years 7 months 1 days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from.....190...to.....21st, 11/1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Contributory.....(DURATION).....DAYS

.....(DURATION).....DAYS

(Signed).....M. D.

.....(Address).....M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence.....How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed

Nov. 13 1906 Edward J. Rottman Clerk.

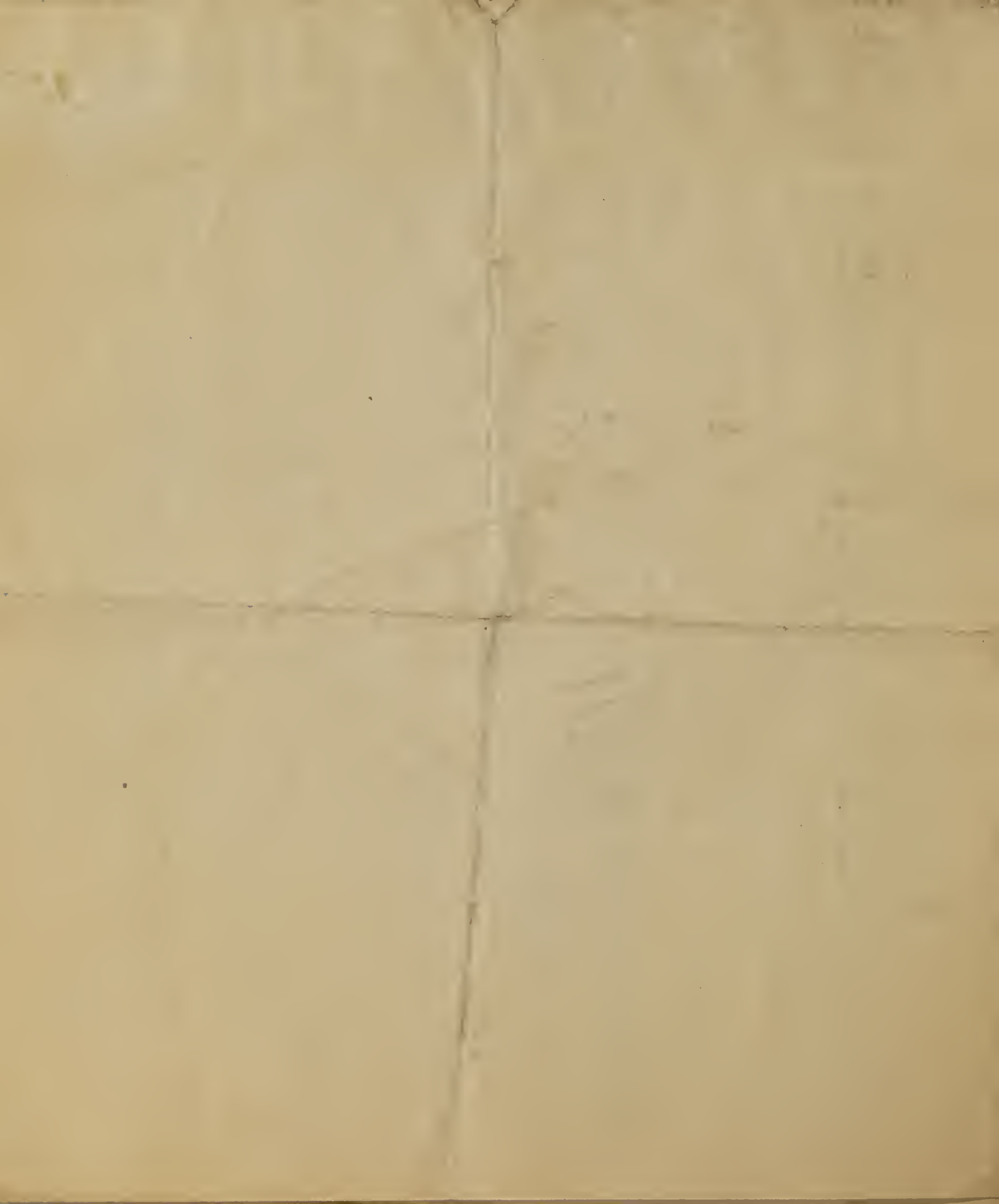
*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 133

RETURN OF A DEATH

OF LOWELL

Registered No. 74

FULL NAME *Thosigana B. B. B. B.*
 Place of Death* *Edmundsford Mass*

Date of Death *November 14th 1906* Age *23* years *74* months *74* days

STATISTICAL DETAIL

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED ☒

MAIDEN NAME † *Georgiana Gandy*

HUSBAND'S NAME † *Amable B. B. B.*

BIRTHPLACE † *Canada*

NAME OF FATHER *John Gandy*

BIRTHPLACE OF FATHER † *Canada*

MAIDEN NAME OF MOTHER *Maria D. B. B.*

BIRTHPLACE OF MOTHER † *Canada*

OCCUPATION *House keeper*

INFORMANT § *A. B. B.*

PLACE OF BURIAL OR REMOVAL † *St. Joseph's* DATE OF BURIAL *Nov. 16*

UNDERTAKER *Joseph Altier* ADDRESS *577 Cheever*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov 13* 190*6* to *Nov 14* 190*6*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:
 Primary: *Apoplexy*

Contributory *(DURATION) D. B. B.*

(Signed) *J. B. B.* (Address) *St. Joseph's*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *How long at Place of Death? Days*

Where was disease contracted, if not at place of death? *Days*

Filed *Nov. 15* 190*6* *Edmundsford* *St. Joseph's* Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Dr. W. W. W. W.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY

134

RETURN OF A DEATH

LOWELL

Registered No.

75

FULL NAME

Josephine B. Randlett

Place of Death *

Belmont, Mass.

Date of Death

Nov. 18-24

Age

87 years

months days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

F.

Gr.

MAIDEN NAME †

Josephine Belmont

HUSBAND'S NAME †

George F. Randlett

BIRTHPLACE †

Belmont, Mass.

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER †

W. H.

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER †

Unknown

OCCUPATION

Dr. Turner

INFORMANT \$

John

PLACE OF BURIAL OR REMOVAL †

No. 100, Belmont Cemetery, Nov. 1924

DATE OF BURIAL

UNDERTAKER

ADDRESS

55 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov 13* 1906 to *Nov. 18* 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Old age

(DURATION).....DAYS

Contributory

(signed) *Dr. J. P. Randlett*.....DAYS

Nov. 16 1906 (Address) *253 Church St.*.....M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence.....How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed

Nov. 16 1906, *Edward*.....*Robbins*

Clerk.

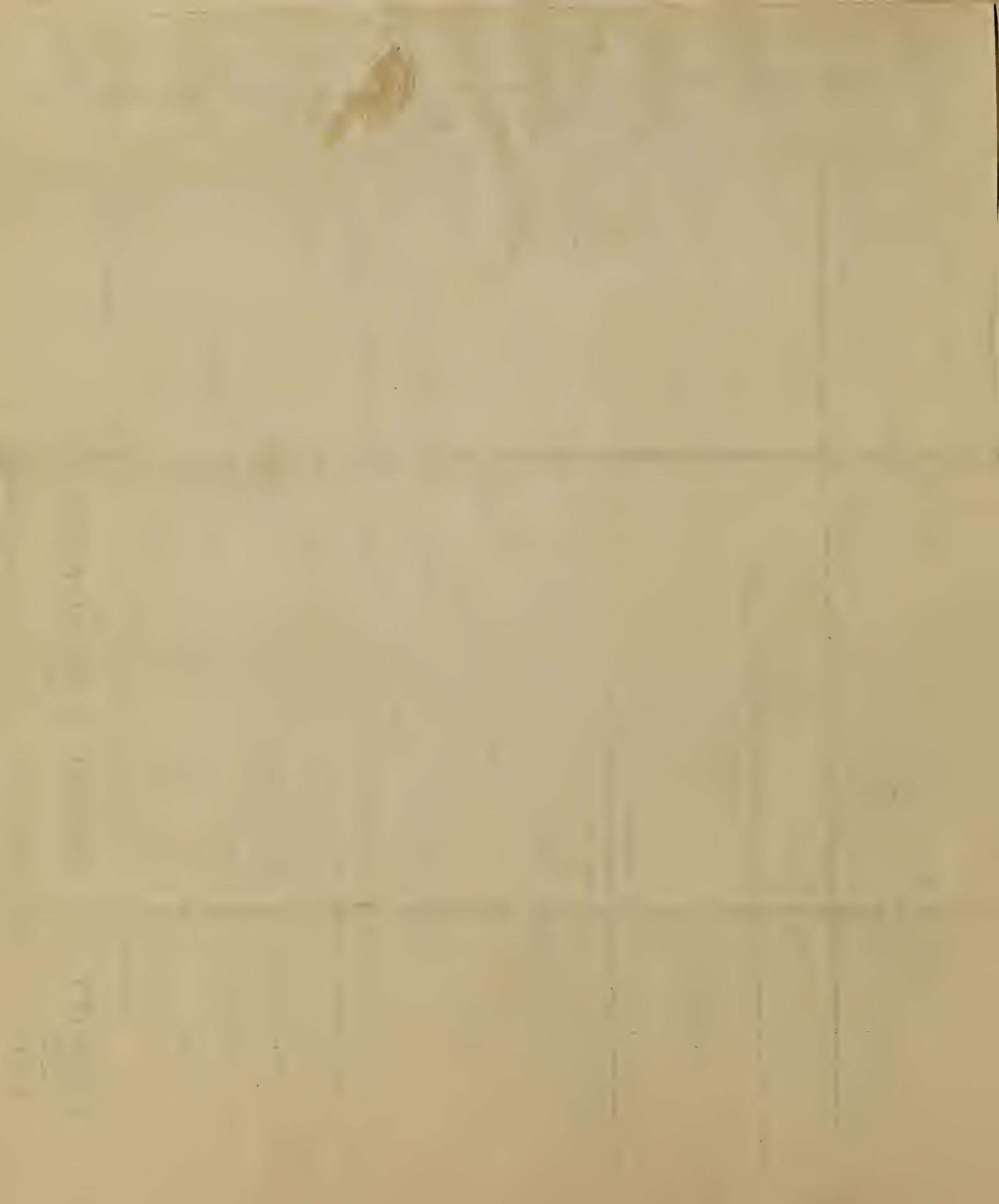
*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

Dr. Randlett



MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

135

RETURN OF A DEATH

LOWELL

FULL NAME

Peter William St. Paul

Registered No.

76

Place of Death*

Main St. North Woburn Mass

Date of Death

Nov 20, 1906

Age

61

years

months

days

STATISTICAL DETAIL

SEX

Male

COLOR

White

SINGLE, MARRIED,
 WIDOWED, OR
 DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Woburn

NAME OF FATHER

John C. Connor

BIRTHPLACE OF FATHER †

Woburn

MAIDEN NAME OF MOTHER

Ellen Moore

BIRTHPLACE OF MOTHER †

Woburn

OCCUPATION

Iron Worker

INFORMANT §

Ellen C. Connor

PLACE OF BURIAL OR REMOVAL ‥

Trinity Place, St. Pauls

DATE OF BURIAL

Nov 30, 1906

UNDERTAKER

J. W. Russell & Sons

ADDRESS

Trinity Place

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1905 to Nov 30 1906

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Hemiplegia

Secondary: emaciated

Contributory

(Signed) J. E. Harvey M.D.
 1206 (Address) 11, Elmwood St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed Dec 3 1906 Edward J. Robbins Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

THE STATE OF NEW YORK
 COUNTY OF ...
 IN SENATE,
 JANUARY 1, 1901.

REPORT OF THE
 COMMISSIONERS OF THE LAND OFFICE
 FOR THE YEAR 1900.

No.	Name	Address	Occupation	Age	Sex	Color	Religion	Remarks
1	John Doe	123 Main St.	Farmer	45	M	W	Presb.	
2	Jane Smith	456 Elm St.	Housewife	38	F	W	Presb.	
3	Robert Brown	789 Oak St.	Teacher	28	M	W	Presb.	
4	Mary White	101 Pine St.	Teacher	25	F	W	Presb.	
5	William Black	202 Cedar St.	Blacksmith	52	M	W	Presb.	
6	Elizabeth Green	303 Birch St.	Housewife	40	F	W	Presb.	
7	James Hall	404 Spruce St.	Farmer	55	M	W	Presb.	
8	Anna King	505 Ash St.	Housewife	35	F	W	Presb.	
9	Charles Lee	606 Hickory St.	Farmer	48	M	W	Presb.	
10	Sarah Miller	707 Walnut St.	Housewife	32	F	W	Presb.	

ALBANY: ...
 1901.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 136

RETURN OF A DEATH

OF

LOWELL

FULL NAME

Edith A. Nichols

Registered No.

77

Place of Death *

East Chelmsford Mass

Date of Death

December 5th 1906 Age 32 years — months 5 — days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female white married

MAIDEN NAME †

Edith A. Boughton

HUSBAND'S NAME †

Abraham H. Nichols

BIRTHPLACE †

England

NAME OF FATHER

William Boughton

BIRTHPLACE †

England

MAIDEN NAME OF MOTHER

Harriet Low

BIRTHPLACE OF MOTHER †

England

OCCUPATION

at home

INFORMANT \$

Quelbanaud

PLACE OF BURIAL OR REMOVAL †

East Chelmsford Dec. 9, 1906

DATE OF BURIAL

UNDERTAKER

E. M. Young & Co. 33 Beacon St.

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 1 1906 to Dec. 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Pneumonia and influenza

(DURATION)

DAYS

Contributory

(DURATION)

DAYS

(Signed)

Arthur A. Seaton, M. D.

(Address)

1906 Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Dec. 8 1906 Edward J. O'Brien

Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

† State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

137

FULL NAME

William W. McCannery

Registered No.

18

Place of Death*

North Chelmsford

Date of Death

Dec 7 1906

Residence

North Chelmsford

Age 40 years months days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

North Chelmsford

NAME OF FATHER

Peter McCannery

BIRTHPLACE OF FATHER ‡

Ireland

MAIDEN NAME OF MOTHER

Rose A. McCannery

BIRTHPLACE OF MOTHER ‡

Ireland

OCCUPATION

Home Work

INFORMANT §

Sister

PLACE OF BURIAL OR REMOVAL ||

St. Gabriel's Con. Church

DATE OF BURIAL

Dec 10 1906

UNDERTAKER

C. W. Muelberg

ADDRESS

Lowell

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 5 1906 to Dec 7 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chronic Bronchitis

Survival upon 7 days

Contributory:

Weak Heart 7 days

(Signed) Amasa Plonard M.D.

Dec 8 1906 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death? years months days

Filed

Dec 10 1906 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 138

RETURN OF A DEATH

FULL NAME

Place of Death *

Date of Death

Registered No.

Age 65 years 3 months 14 days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHER

BIRTHPLACE
OF FATHER ‡

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ¶

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 7, 1906, to Dec 17, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:
Primary: Septicæmia hæmorrhagica

Contributory: Pulmonary hæmorrhage

(Signed) Stephen A. O'Brien M. D.

Address: 1906, (Address) 1906

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Dec. 10, 1906. Edward J. Redding Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

Swirell Cemetery Dec 11, 1906
Swirell Cemetery 12 Stund St

Frank J. O'Brien

Farmer

Chalmers

Suey O'Brien

Swirell

Stephen A. O'Brien

Swirell

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 139
OF

RETURN OF A DEATH LOWELL

FULL NAME

Place of Death*

Maria B. L. Belknap

Registered No.

80

Date of Death

Aug 22 1906

Age

years

months

9 days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

Richardson & Co. Undertakers

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 14, 1906, to Aug. 22, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:
Primary: Congestive Debility
Contributory: (DURATION) 9 DAYS
(Signed) E. W. Smith (DURATION) M. D.
Aug. 22, 1906 (Address) 734 Atlantic St.
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Former or Usual Residence: Place of Death: Days
Where was disease contracted, if not at place of death?
Filed Aug. 22, 1906 Edward J. Adams, Clerk.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 140
OF

RETURN OF A DEATH

LOWELL

Registered No.

81

FULL NAME *George W. Ryde*
Place of Death *North Chelmsford*

Date of Death *Dec. 10, 1906*

Age *85* years *0* months *0* days

STATISTICAL DETAIL

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Francetown N. H.

NAME OF FATHER

William Ryde

BIRTHPLACE OF FATHER †

Conventine Connecticut

MAIDEN NAME OF MOTHER

Alice Marshall

BIRTHPLACE OF MOTHER †

Billerica

OCCUPATION

Pattern Maker

INFORMANT §

Mrs. Ryde

PLACE OF BURIAL OR REMOVAL †

North Chelmsford

DATE OF BURIAL

Dec. 12, 1906

UNDERTAKER

ADDRESS

J. A. Wombach 80 Hudson St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 1* 1906 to *Dec 10* 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Senile atrophy*

Contributory (DURATION) *10* DAYS

(signed) *J. E. Curney* (DURATION) *10* DAYS

(Address) *100*

M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Dec. 11, 1906 *Edmund J. Rathbun* Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. — THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

of New Bedford City

141

RETURN OF A DEATH

FULL NAME

Shaville Segour

Registered No.

82

*Place of Death

8 Brunswick St. New Bedford

Date of Death Dec 13 1906

Place of Residence

8 Brunswick St.

City or Town

Age 81 Years Months Days

STATISTICAL DETAILS

Sex

Female

Color

White

Single, Married, Widowed or Divorced

Maiden Name

Shaville Langley

Husband's Full Name

David Segour

Birthplace

Canada

Full Name of Father

Unknown

Birthplace of Father

Canada

Maiden Name of Mother

Unknown

Birthplace of Mother

Canada

Occupation

None

Informant's Name (Person giving statistical details)

Sister-in-law

Place of Burial or Removal

New Bedford Cem. in Cambridge

Undertaker's Name

Samuel J. A. Leavelle

in Cambridge

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 4 1906 to Dec 13 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: { of old age
Contributory causes of death must be given: { Exhaustion
of old age
Exhaustion
of old age
Exhaustion

Contributory: {

(Duration)

(Signed)

(Address)

J. E. Darnley M. D.
North Main St.

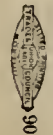
*How long at Place of Death? Years Months Days

Usual Residence

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Received at office of Board of Health Dec 15 1906 Permit No. of Burial

Form 1



Sealed by [Signature] Clerk of Board of Health
New Bedford

The office of Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 a. m. till 1 p. m.; Sundays and Holidays, 12 m. till 1 p. m.; Other Days from 8 a. m. till 4 p. m.

BE VERY CAREFUL TO FILL ALL BLANKS IN INK

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME

Eloise F. M. Fitch

Registered No.

83

Place of Death* } South Chelmsford

Date of Death Dec 16 1906

Residence " " Age 46 years 3 months 18 days

STATISTICAL DETAILS

SEX

W

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Waterville, Me.

NAME OF FATHER

Joseph Fitch

BIRTHPLACE OF FATHER ‡

Waterville, Me.

MAIDEN NAME OF MOTHER

Sarah Parker

BIRTHPLACE OF MOTHER ‡

Omanee.

OCCUPATION

Blacksmith.

INFORMANT §

Mrs. Fitch (wife)

PLACE OF BURIAL OR REMOVAL ||

East Pond Cem.

DATE OF BURIAL

Dec 18 1906

UNDERTAKER

W. Fitch

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 9 1906 to Dec 16, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Stroke (aneurysm)

(DURATION).....DAYS

Contributory:

(DURATION).....DAYS

(Signed) Arthur Y. DeGroot, M.D.

Dec 17 1906 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Dec 18 1906 Edward J. Fitch, Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

(CITY OR TOWN)

142

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 143
 OF

RETURN OF A DEATH

FULL NAME *Stannard Wheeler* Registered No. *84*
 Place of Death * *6 Adamsford Place*
 Date of Death *Dec 17, 1906* Age *75* years *5* months *13* days

STATISTICAL DETAIL

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR, DIVORCED <i>Married</i>
MAIDEN NAME † <i>Stannard</i>	<i>Deane</i>	
HUSBAND'S NAME † <i>John Wheeler</i>	<i>Stannard</i>	
BIRTHPLACE † <i>Danville Vermont</i>	<i>Joseph Deane</i>	
NAME OF FATHER <i>Joseph Deane</i>	<i>Vermont</i>	
BIRTHPLACE OF FATHER † <i>Vermont</i>	<i>John Wheeler</i>	
MAIDEN NAME OF MOTHER <i>Jane Wheeler</i>	<i>Vermont</i>	
BIRTHPLACE OF MOTHER † <i>Vermont</i>	<i>at home</i>	
OCCUPATION <i>at home</i>	<i>at home</i>	
INFORMANT \$ <i>Hubbard</i>	<i>Hubbard</i>	
PLACE OF BURIAL OR REMOVAL † <i>Verley Vermont</i>	DATE OF BURIAL <i>Dec. 19, 1906</i>	
UNDERTAKER <i>E. M. Spangher</i>	ADDRESS <i>33 Prescott</i>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov. 26, 1906* to *Dec 16, 1906*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:
 Primary: *Valerian Heart*
Deane
Hubbard
 Contributory (DURATION) DAYS
 (Signed) *Arthur H. Hubbard* M. D.
Nov 17, 1906 (Address) *Chelsea Ind, Mass.*
 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 Former or Usual Residence How long at Place of Death? Days
 Where was disease contracted, if not at place of death?
 Filed *Dec. 19, 1906* *Edward J. Robbins* Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or County; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

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1951

1951

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ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

144
Chelsea -
(CITY OF TOWN.)

FULL NAME *Lawrence A. Greenwald*

Registered No. *85*

Place of Death * *Chelsea*

Date of Death *Dec. 23, 1906*

Residence *"* Age *3* years *3* months *23* days

STATISTICAL DETAILS

SEX *M* COLOR *W* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT \$

PLACE OF BURIAL OR REMOVAL ‡

DATE OF BURIAL

UNDERTAKER

ADDRESS

Res. Tomb. Forest Hills Cem.
Walter Richman
Chelsea

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *190* to *190*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Heart
3 (DURATION) *23* DAYS

Contributory:

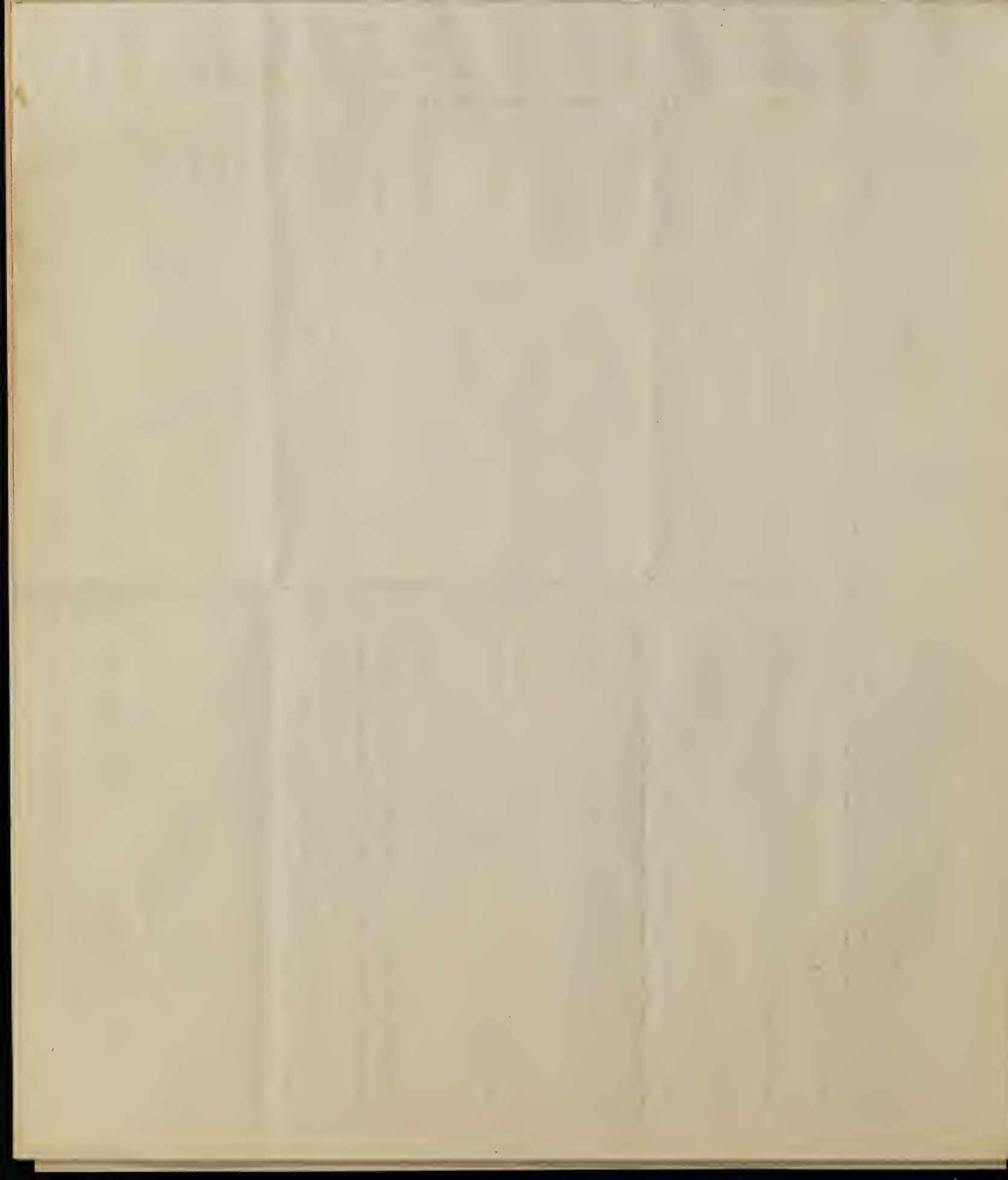
(Signed) *Arthur H. Robinson* (DURATION) *23* DAYS
1906 (Address) *1906*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *3* years *3* months *23* days
Where was disease contracted, if not at place of death?

Filed *Dec. 26* 1906 *Edward J. Robinson* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
\$ Name and address of person giving statistical details.
|| Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford
(CITY OR TOWN)

145

FULL NAME

Alexander John Park

Registered No.

86

Place of
Death* }

South Chelmsford

Date of
Death }

Dec 30

1906

Residence

So. Chelmsford

Age 40

years

— months

— days

STATISTICAL DETAILS

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Battie Conn.

NAME OF
FATHER

John M. Park

BIRTHPLACE
OF FATHER †

Windsor M.H.

MAIDEN NAME
OF MOTHER

Rebecca F. Stearns

BIRTHPLACE
OF MOTHER †

Wester M.H.

OCCUPATION

Gardner

INFORMANT §

Mrs. J. M. Park

PLACE OF BURIAL OR REMOVAL ‖

Hart Pond Cem.
So Chelmsford

DATE OF BURIAL

Jan 3 1907

UNDERTAKER

Walter Parker

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 21, 1906, to Dec. 30, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Epidemic Influenza and
Pneumonia

Contributory:

Abscess of Throat.

(Signed)

Arthur G. Leonard, M.D.
Jan 2, 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death?

years

months

days

Where was disease contracted,
if not at place of death?

Filed

Jan. 3 1907 Edward J. Perkins
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

146

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

John W. Goodell

Registered No.

1918

Place of
Death *

City of Lowell, Mass. Death

Residence

No. 100 Main Street

Age

69

years

3

months

9 days

STATISTICAL DETAILS

SEX

M

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

M

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Worcester, Mass.

NAME OF
FATHER

Abraham Goodell

BIRTHPLACE
OF FATHER ‡

Sturbridge, Mass.

MAIDEN NAME
OF MOTHER

Betty Miller

BIRTHPLACE
OF MOTHER ‡

Lowell, Mass.

OCCUPATION

Retired

INFORMANT §

Mrs. Litchfield

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

L. M. Young & Co.

33 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 6, 1906, to Dec. 31, 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

General debility of old age

(DURATION)

DAYS

Contributory:

(Signed)

Doctor W. Goodell

M.D.

(Address)

Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years

months

45 days

Where was disease contracted, if not at place of death?

Filed

Jan. 4, 1907

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

THE DAY AFTER THE ...
THE ...

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FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

147

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

William H. Davis

Registered No. 1906

Place of Death*

Canton, Massachusetts

Date of Death } Dec 28 1906

Residence

Canton, Massachusetts

Age 55 years, months, days

STATISTICAL DETAILS

SEX

M

COLOR

W

SINGLE, MARRIED, WIDOWED, OR DIVORCED

M

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

England

NAME OF FATHER

Michael Davis

BIRTHPLACE OF FATHER †

England

MAIDEN NAME OF MOTHER

Mary

BIRTHPLACE OF MOTHER †

England

OCCUPATION

Retail Operative

INFORMANT \$

Mrs. Lincoln Maylor

PLACE OF BURIAL OR REMOVAL ‡

Canton, Mass.

DATE OF BURIAL

Dec 30 1906

UNDERTAKER

E. O. Donnell & Sons

ADDRESS

Lowell, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1906 to 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Embolism of heart

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) L. E. Davis M.D.

Dec 30 1906 (Address) Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Dec 31 1906

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Richard H.
(CITY OR TOWN.)

FULL NAME

*Ernie Cornelia Smith*Registered No. *1*Place of
Death*}*Cotuit, Mass.*Date of
Death*Jan. 13 1907*

Residence

*"**"*

Age

8

years

9

months

5

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

*Northam, N. H.*NAME OF
FATHER*Daniel J. Smith*BIRTHPLACE
OF FATHER ‡*Leone, N. H.*MAIDEN NAME
OF MOTHER*Emma E. Ellis*BIRTHPLACE
OF MOTHER ‡*Manchester, N. H.*

OCCUPATION

INFORMANT §

Daniel J. Smith

PLACE OF BURIAL OR REMOVAL ||

Stamford, Conn.

DATE OF BURIAL

Jan. 15 1907

UNDERTAKER

Walter Johnson

ADDRESS

Cotuit, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug. 1906* to *Jan. 12 1907*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

*Disease**Indefinite*

(DURATION)

DAYS

Contributory:

Brain compression

(DURATION)

DAYS

(Signed)

Arthur G. Jackson M.D.*Jan. 14, 1907* (Address) *Cotuit, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death?

years

months

days

Where was disease contracted,
if not at place of death?

Filed

*Jan. 15 1907**Edward J. Jackson*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 149

RETURN OF A DEATH

LOWELL

FULL NAME

Eden Ward

Registered No. 2

Place of Death

Branch St North Lowell Mass

Date of Death

Jan'y 17, 1907

Age 59

years

months

days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED, WIDOWED, DIVORCED

MARRIED

MAIDEN NAME †

Eden Smully

HUSBAND'S NAME †

Stephen Ward

BIRTHPLACE †

Lowell

NAME OF FATHER

John Smully

BIRTHPLACE OF FATHER †

Lowell

MAIDEN NAME OF MOTHER

—

BIRTHPLACE OF MOTHER †

Lowell

OCCUPATION

at home

INFORMANT \$

Stephen Ward

PLACE OF BURIAL OR REMOVAL

Lowell

DATE OF BURIAL

Jan'y 19, 1907

UNDERTAKER

at home

ADDRESS

Lowell Mass.

I HEREBY CERTIFY that I attended deceased during last illness, from Jan'y 7, 1907, to Jan'y 17, 1907.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: pneumonia

Contributory: 2 years (DURATION) 10 DAYS

(Signed) J. E. Warner M. D.

Jan'y 18, 1907 (Address) 21 Exchange St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed Jan'y 19, 1907 Edward J. Robbins Town Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY
OF

158

RETURN OF A DEATH

LOWELL

FULL NAME

Mary E. Hynes

Registered No.

3

Place of Death *

North Chelmsford

Date of Death

Jan 20 1907

Age

40

years

2

months

20 days

STATISTICAL DETAIL

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Married

MAIDEN NAME †

Mary E. Sitchfield

HUSBAND'S NAME †

Edward H. Hynes

BIRTHPLACE †

Canada

NAME OF FATHER

Paul S. Sitchfield

BIRTHPLACE OF FATHER †

Canada

MAIDEN NAME OF MOTHER

Sarah E. Carter

BIRTHPLACE OF MOTHER †

Massachusetts

OCCUPATION

at home

INFORMANT §

E. H. Hynes

PLACE OF BURIAL OR REMOVAL ‥

North Chelmsford

DATE OF BURIAL

Jan 23 1907

UNDERTAKER

Average Color

ADDRESS

12 Third St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 19 1907 to Jan 20 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Diabetes Coma

Coma 12 hours (DURATION)

Contributory: Diabetes 20 years (DURATION)

(Signed) E. H. Hynes (DURATION) M. D.

Jan 21 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed Jan 23 1907 Edward J. Robbins Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

Lowell

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY *151*

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No. *4*

James J. C. Caldwell
234 May 1907
 Age *43* years *—* months *—* days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 19* 190*7* to *May 23* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *concurrent tubercular*

Contributory

(Signed) *J. E. Blaney* (DURATION).....DAYS
May 23 190*7* (Address) *7 N. Water Street* M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence.....How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed *May 24* 190*7* *Edward J. Coffey* Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † State or Country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

1871

1871

1871

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 12-1906 to Dec 30, 1906,

that to the best of my knowledge and belief death occurred on the

date stated above and that the CAUSE OF DEATH was of follows:

Primary:

Secondary:

Contributory

(Signed)

(Address)

(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or

Usual Residence

How Long at
Place of Death? Days

Where was disease contracted,
if not at place of death?

Filed

Jan 29 1907

Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

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DATE
BY
CIRC

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Registered No.

6

Date of Death

Age

70

years

—

months

days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Julia E. Pearson

HUSBAND'S NAME †

Charles Henry

BIRTHPLACE †

Ireland

NAME OF
FATHER

Unknown

BIRTHPLACE
OF FATHER †

Ireland

MAIDEN NAME
OF MOTHER

Unknown

BIRTHPLACE
OF MOTHER †

Ireland

OCCUPATION

At Home

INFORMANT

Daniel P. Pearson

PLACE OF BURIAL OR REMOVAL †

East Chatham

DATE OF BURIAL

July 2, 1907

UNDERTAKER

ADDRESS

Thomas J. McDonald 70 Graham

I HEREBY CERTIFY that I attended deceased during last

illness, from Jan. 30, 1907, to Jan. 30, 1907,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 3 DAYS

Contributory: Senility

(DURATION) DAYS

(Signed) George S. Gifford M.D.

Jan. 31, 1907 (Address) No. 33 Quincy Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or

Usual Residence.

How long at
Place of Death? Days

Where was disease contracted,

if not at place of death?

Filed

Jan 31, 1907 Edward J. Redding

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

The first of the
 season is now
 over and the
 weather is
 becoming
 more
 settled.

The second of the
 season is now
 over and the
 weather is
 becoming
 more
 settled.

The third of the
 season is now
 over and the
 weather is
 becoming
 more
 settled.

RETURN OF A DEATH

LOWELL

FULL NAME

Rhoda J. Hoyt

Registered No. 7

Place of Death *

Bathurst & Edinthe Maine

Date of Death

Jan 31. 1907 Age 83 years 1 months 9 days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Widow

MAIDEN NAME †

Rhoda J. Hilton

HUSBAND'S NAME †

William H. Hoyt

BIRTHPLACE †

Barnstable Maine

NAME OF
FATHER

George H. Hilton

BIRTHPLACE
OF FATHER †

Barnstable Maine

MAIDEN NAME
OF MOTHER

Abigail Peck

BIRTHPLACE
OF MOTHER †

Barnstable Maine

OCCUPATION

at home

INFORMANT §

Son

PLACE OF BURIAL OR REMOVAL ||

Barnstable County

DATE OF BURIAL

Feb 3 1907

UNDERTAKER

E. M. Young & Co.

ADDRESS

33 Prescott

I HEREBY CERTIFY that I attended deceased during last illness, from 190..... to 190.....,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

..... (DURATION)..... DAYS

Contributory (DURATION)..... DAYS

..... (DURATION)..... DAYS

(Signed) W. C. Smith, Medical Examiner, D.

Feb 1 1907 (Address) 21 S. Cornhill St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Feb 2 1907 Edward J. Robbins, Town Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

THE BOARD OF SUPERVISORS
COUNTY OF ALBANY, N.Y.
DO hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of the Board.

Heath

CLERK OF A DEATH

DEPART

RECORDED IN DECEMBER 1891

FILED

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY / 55
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Registered No.

Place of Death *

Date of Death

Age

75 years

2 months

25 days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

8

John Bradlee
Wright 85 North Tabernacle, Mass

Belmont 3.10.07

75 years

2 months

25 days

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 30 1907 to Feb 3 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Influenza

Contributory: (DURATION) 5 DAYS

(Signed) J. E. Tarnley M. D.

Feb 4 1907 (Address) 9. Ch. Bradford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Feb 6 1907 Edward J. Rothman

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Edgar Capetony
Lowell Mass.

Wm. Wm. Bradlee

Inventor

Unknown

Unknown

Unknown

Unknown

Nottingham England

BIRTHPLACE ‡

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

J. A. Weinbeck 80 Middle St.

THE UNIVERSITY OF CHICAGO
LIBRARY
1100 EAST 58TH STREET
CHICAGO, ILL. 60637

113 121 122 123 124 125 126 127 128 129 130

RECORDS OF THE UNIVERSITY OF CHICAGO

THE
UNIVERSITY
OF CHICAGO

RETURN OF A DEATH

FULL NAME

Registered No.

9

Place of Death *

John A. Knowles
West - Chelmsford

Date of Death

Feb 7th 1907

Age 84

years 9

months — days

STATISTICAL DETAILS

SEX

M

COLOR

W

~~NOT~~ MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 7 1907 to Feb 7 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

PHYSICIAN'S CERTIFICATE

Primary: Influenza

Contributory: Heart failure (DURATION) 7 DAYS

(Signed) G. A. Hasler (DURATION) — DAYS
Feb 10 1907 (Address) Springfield, M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Feb 10 1907 Edward J. Coffey Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow, State or county; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Daughter

West Chelmsford

Feb 11th 1907

58 Prescott St

Bourne & Co

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

THE UNIVERSITY OF CHICAGO
LIBRARY

CHICAGO, ILL.

RETURN OF A DEATH

LOWELL

FULL NAME

Richard E. Emerson

Registered No. 10

Place of Death *

Chelsea and Centre

Date of Death

Feb 11/1907

Age

64

years

months

days

STATISTICAL DETAIL

SEX

M.

COLOR

Br.

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Kittidge

HUSBAND'S NAME †

Paulo P. Emerson

BIRTHPLACE †

Ireland

NAME OF
FATHER

George Kittidge

BIRTHPLACE
OF FATHER †

Vermont

MAIDEN NAME
OF MOTHER

Elena F. Hall

BIRTHPLACE
OF MOTHER †

Vermont

OCCUPATION

As Home

INFORMANT §

H. H. Woodland

PLACE OF BURIAL OR REMOVAL ||

Edmunds and Centre

DATE OF BURIAL

Feb. 13/1907

UNDERTAKER

Emmons & Co.

ADDRESS

57 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 10, 1907, to Feb. 11, 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Central nervous system

14 hours (DURATION) DAYS

Contributory

(Signed) Arthur A. Robertson, M.D.

Feb. 11, 1907 (Address) Chelsea and Centre

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Filed Feb. 11, 1907 Edward J. Robbins

Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

八

3

7

...

10

11

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME

Joseph Arthur Bourgeois

Registered No.

11

Place of Death *

North Chelmsford Mass

Date of Death

Feb. 11th 1907

Residence

North Chelmsford

Age

—

years

—

months

11

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Male

White

Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

North Chelmsford

NAME OF FATHER

BIRTHPLACE OF FATHER †

Josephine Bourgeois

MAIDEN NAME OF MOTHER

Emma M. West

BIRTHPLACE OF MOTHER †

OCCUPATION

—

INFORMANT §

J. Bourgeois

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

St Joseph Con

Feb 15 1907

UNDERTAKER

ADDRESS

Joseph Albert

377 Beaver

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 21st 1906 to Feb 11th 1907

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

infarction

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed)

J. E. Harney

Physician

Feb 12 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Feb. 15 1907

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 159
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Emily M. Truhey

Registered No.

12

Place of Death *

170 E. Chelmsford, Mass.

Date of Death

February 13, 1907

Age

35 years

months

18 days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

170 E. Chelmsford Mass.

NAME OF
FATHER

John Truhey

BIRTHPLACE
OF FATHER †

England

MAIDEN NAME
OF MOTHER

Emily Spear

BIRTHPLACE
OF MOTHER †

England

OCCUPATION

At home

INFORMANT \$

Emmanuel Truhey

PLACE OF BURIAL OR REMOVAL †

170 E. Chelmsford Mass.

DATE OF BURIAL

Feb. 17, 1907.

UNDERTAKER

ADDRESS

J. A. Munkie 30 Middle St.

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 3, 1907, to Feb. 13, 1907.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Influenza

Contributory: Catarrh of the alimentary canal.

(Signed) E. A. Stanslow M. D.

Feb. 14, 1907. (Address) 1499 Everett

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence. Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Feb. 15, 1907 Edward J. Hastings Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY / 60
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Registered No.

Age

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last
illness, from 1899 to, Feb. 14, 1907,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Organic disease of heart

..... (DURATION) DAYS

Contributory: for minutes (DURATION) DAYS

(Signed) J. E. Harner M. D.

Feb. 15, 1907 (Address) 91. St. Vincent

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
or Recent Residents.

Former or Usual Residence Place of Death? Days

Where was disease contracted,
if not at place of death?

Filed Feb. 15, 1907 Edward J. O'Brien Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL
RESIDENCE, give facts called for under "Special Information." If in a
Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford
(CITY OR TOWN)

161

FULL NAME *Horace Butera*Registered No. *14*Place of Death* *Chelmsford Town Farm*Date of Death *Feb 17* 1907Residence *Dracut* Age *65* years *—* months *—* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male COLOR *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Dracut

NAME OF FATHER

Berger Butera

BIRTHPLACE OF FATHER ‡

Andover

MAIDEN NAME OF MOTHER

Martha Spiller

BIRTHPLACE OF MOTHER ‡

Sparrick

OCCUPATION

Farmer

INFORMANT §

Harold Butera

PLACE OF BURIAL OR REMOVAL ||

Reverend's Church

DATE OF BURIAL

Feb 17 1907

UNDERTAKER

Mattie Parker

ADDRESS

*Chelmsford*I HEREBY CERTIFY that I attended deceased during last illness, from *Nov Attendant care* 1907

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Stenoplegia*

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) *Arthur B. Johnson*, M.D.*Feb. 16, 1907*, (Address) *Chelmsford, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *—* years *5* months *—* days

Where was disease contracted, if not at place of death?

Filed

Feb. 19 1907 *Edmund J. Robbins* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY Lowell 162

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death

Date of Death

John J. Thompson Registered No. 15
Lowell, Mass.
February 18, 1907 Age 24 years 0 months 0 days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL #

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 15 190... to Feb 15 190...

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Coronary thrombosis

(DURATION).....DAYS

Contributory

(DURATION).....DAYS

(Signed)

M. D.

(Address).....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed Feb 19 1907 Edward J. O'Brien Clerk

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

CITY / 63
OF

OF
LOWELL

Registered No...../..... 9

Age 38 years 11 months

PHYSICIAN'S CERTIFICATE

mailed

UNDERTAKER	ADDRESS
Co. M. 4th Regt. 8th S. I. Div.	

File

John Clerk.

• City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

† State or Country; also city, town or county, if known.
§ Name and address of person giving statistical details.

Name of cemetery.

THE NATIONAL ARCHIVES
COLLEGE PARK, MARYLAND 20740
TEL: 301-837-1000 FAX: 301-837-1001

RECEIVED BY THE
NATIONAL ARCHIVES
COLLEGE PARK, MARYLAND
20740

Please Return

RETURN OF A DEATH

FULL NAME Mary Ann SmithRegistered No. 17Place of Death* South ChathamfordDate of Death Feb. 19, 1907 Age 68 years 1 months days

STATISTICAL DETAILS

SEX —COLOR W.SINGLE, MARRIED,
WIDOWED, OR
DIVORCED WidowedMAIDEN NAME † Mary Ann GriffinHUSBAND'S NAME † Robert B. SmithBIRTHPLACE ‡ Westford, Mass.NAME OF
FATHER Matthew GriffinBIRTHPLACE
OF FATHER ‡ unknownMAIDEN NAME
OF MOTHER unknownBIRTHPLACE
OF MOTHER ‡ unknownOCCUPATION at homeINFORMANT § Geo. J. SmithPLACE OF BURIAL OR REMOVAL ‖ Westford, Mass.DATE OF BURIAL Feb. 21, 1907UNDER-
TAKER Wm. E. GriffinADDRESS Chathamford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 28th 1907 to Feb. 19 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Arteriosclerosis(DURATION) — DAYSContributory: —(DURATION) — DAYS(Signed) W. J. Sheehan

M.D.

Feb. 19 1907 (Address) Westford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or
Usual ResidenceHow long at
Place of Death?

Days

Where was disease contracted,
if not at place of death?Filed Feb. 20 1907 W. J. Sheehan

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country † also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RECEIVED FROM THE
LIBRARY OF THE
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

RECEIVED FROM THE
LIBRARY OF THE
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

RETURN OF A DEATH

LOWELL

FULL NAME

Registered No.

18

Place of Death *

John North Elmwood Mass

Date of Death

Feb 20. 1907 Age 70 years 11 months 13 days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Male

white

Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

England

NAME OF
FATHER

Henry Hale

BIRTHPLACE
OF FATHER †

England

MAIDEN NAME
OF MOTHER

Sarah E. Dugston

BIRTHPLACE
OF MOTHER †

England

OCCUPATION

Retired

INFORMANT §

William

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Everett Cemetery Feb 23. 1907

UNDERTAKER

ADDRESS

E. M. Young & Co 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Feb 20. 1907.

that to the best of my knowledge and belief death occurred on the

date stated above and that the CAUSE OF DEATH was of follows:

Primary: Heart Disease

a few months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) E. J. Dugston M. D.

Feb 20 1907 (Address) N. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed Feb 21 1907 Edward J. Robbins Cor. Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State and County; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

166

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME *Arnold August White*Registered No. *19*Place of Death* *North Chelmsford, Mass.*Date of Death *March 12, 1907*Residence *North Chelmsford, Mass.* Age *16* years *16* months *16* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT \$

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 20, 1907* to *March 12, 1907*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Pneumonia with*(DURATION) *16* DAYS

Contributory:

(DURATION) *16* DAYS(Signed) *F E Clarney* M.D.*March 13, 1907* (Address) *N. Chelmsford*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *16* years *16* months *16* days

Where was disease contracted, if not at place of death?

Filed

March 13, 1907 *Edward J. Downing* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME

Mrs. M. C. Clunney

OFFICE OF THE REGISTRAR
 (CITY OR TOWN)
 Dedham
 Registered No. 28

Place of Death *

Dedham, Mass. 11th St. 11th St.

Date of Death } March 12

1907

Residence

Dedham, Mass. 11th St. 11th St.

Age 45

years. months. days.

STATISTICAL DETAILS

SEX

COLOR

MARRIED,
UNMARRIED OR
DIVORCED

MAIDEN NAME †

White

Carm Dolan

HUSBAND'S NAME †

David McShane

BIRTHPLACE †

Ireland

NAME OF FATHER

John Dolan

BIRTHPLACE OF FATHER †

Ireland

MAIDEN NAME OF MOTHER

Ann McShane

BIRTHPLACE OF MOTHER †

Ireland

OCCUPATION

At Home

INFORMANT §

Mrs. M. C. Clunney

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

March 14, 1907

UNDERTAKER

The Dedham Co.

ADDRESS

Dedham, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 20 1907 to March 11 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Gallstones

Contributory: unknown

(DURATION) DAYS

Contributory:

(Signed)

W. H. Clunney

M.D.

March 11 1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

March 14 1907 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

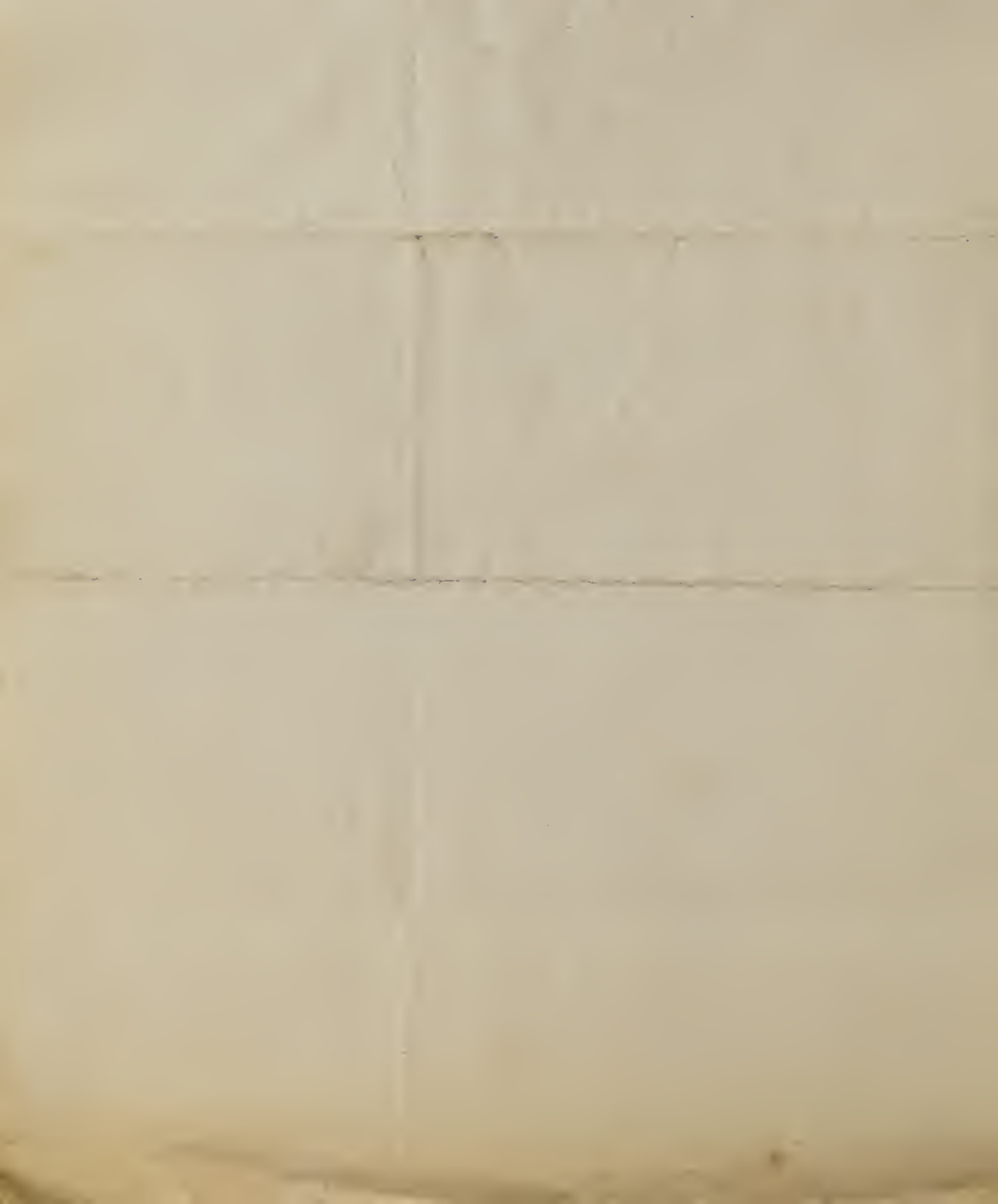
§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 168
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Lydia E. Whitton

Registered No.

291

Place of Death *

Charltonford Mass

Date of Death

March 13, 1907

Age

91

years

0

months

12 days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female white

Widowed

MAIDEN NAME †

Lydia E. Stone

HUSBAND'S NAME †

Charles R. Whitton

BIRTHPLACE †

Henniker N. H.

NAME OF
FATHER

Abraham Stone

BIRTHPLACE
OF FATHER †

Deering N. H.

MAIDEN NAME
OF MOTHER

Nancy Jones

BIRTHPLACE
OF MOTHER †

Ware N. H.

OCCUPATION

at home

INFORMANT §

Emily Whitton

PLACE OF BURIAL OR REMOVAL †

Swiss Cemetery

DATE OF BURIAL

March 15, 1907

UNDERTAKER

C. M. Young & Co.

ADDRESS

33 Beacon St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 21, 1907, to Mar. 13, 1907.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Senility

(DURATION).....DAYS

Contributory

(DURATION).....DAYS

(Signed)

Arthur J. Leonard, M. D.

Mar. 13, 1907, (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or

Usual Residence

How long at

Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed

Mar. 17, 1907. Edward J. Roberts

Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 169
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Peter Lombard (1st)

Registered No.

22

Place of Death *

Tr. Chelmsford, Mass.

Date of Death

March 6, 1907

Age

80 years

2 months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Male

White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Worcester, Mass.

NAME OF FATHER

Peter Weston

BIRTHPLACE ‡ OF FATHER †

Worcester, Mass.

MAIDEN NAME OF MOTHER

Catherine Perry

BIRTHPLACE ‡ OF MOTHER †

Wilmington or Reading, Mass.

OCCUPATION

Farmer

INFORMANT §

Mr. Peter Weston

PLACE OF BURIAL OR REMOVAL ||

Worcester, Mass.

DATE OF BURIAL

March 19, 1907

UNDERTAKER

ADDRESS

J. A. Winchell 80 Middle St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 14, 1907, to March 16, 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Coronary Artery Disease

Contributory: Organic disease of heart.

(Signed)

J. E. Harvey M. D.

March 18, 1907 (Address) M. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

March 19, 1907 Edward J. Robbins

Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RECEIVED OF THE
 DEPARTMENT OF THE INTERIOR
 LAND OFFICE
 JULY 10 1880

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FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME

Registered No.

23

Place of
Death* }Date of
Death }

March 21, 1907

Residence

Age

years

months

3

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHERBIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT'S

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 1, 1907 to March 2, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Peritonitis

(DURATION)

DAYS

Contributory:

(DURATION)

DAYS

(Signed) Thomas Edward Shaw M.D.

March 21, 1907 (Address) Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

March 21, 1907

Edward J. Haffner Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

† State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RETURN OF A DEATH

FULL NAME *Oliver J. Philbrick*Registered No. *24*Place of Death * *North Chelmsford Mass*Date of Death *April 4, 1907*Age *56* years *2* months *14* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, +
WIDOWED, OR DIVORCED

MAIDEN NAME †

Oliver J. Brown

HUSBAND'S NAME †

George H. Philbrick

BIRTHPLACE †

Amesbury Mass.

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT \$

George H. Philbrick

PLACE OF BURIAL OR REMOVAL ‡

Amesbury Mass.

DATE OF BURIAL

April 8, 1907

UNDERTAKER

J.B. Currier & Co.

ADDRESS

Somerville Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *March 15, 1907* to *April 4, 1907*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Uræmia*

Acute, (DURATION) *14* DAYS

Contributory:

(Signed) *J. E. Barnes* (DURATION) *14* DAYS
April 7, 1907 (Address) *N. Chelmsford* M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed *April 7, 1907* *Edward J. Foster* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

THE JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE
VOLUME 10
PART 1
1900

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ROYAL ANTHROPOLOGICAL INSTITUTE
VOLUME 10
PART 1
1900

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 172
OF

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Date of Death

Samuel Seymour Tucker

Mr. Edmund Ford, Mass.

Apr. 10, '07

Registered No.

25

Age 40

years

months days

STATISTICAL DETAIL

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Mr. Edmund Ford

NAME OF FATHER

Edward Tucker

BIRTHPLACE OF FATHER ‡

Mass.

MAIDEN NAME OF MOTHER

Catherine Timmons

BIRTHPLACE OF MOTHER ‡

Lowell

OCCUPATION

INFORMANT §

Edward Tucker

PLACE OF BURIAL OR REMOVAL ||

St. Pauline

DATE OF BURIAL

April 10, 1907

UNDERTAKER

E. H. McElroy

ADDRESS

Ward 1 St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 7, 1907, to Apr. 10, 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Heart

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed)

Dr. E. J. Barker, M. D.

(Address)

Apr. 10, 1907, Mr. Edmund Ford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

Where was disease contracted, if not at place of death?

Filed

Apr. 10, 1907, Edward J. Barker, Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State and Country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

173

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

David J. McCall

Registered No.

26

Place of

Death * Church Street, Chelmsford

Date of

April 10, 1907

Residence

Age 34 years, months, days

STATISTICAL DETAILS

SEX

male

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Chelmsford

NAME OF
FATHER

John McCall

BIRTHPLACE
OF FATHER †

Chelmsford

MAIDEN NAME
OF MOTHER

Margaret Bennett

BIRTHPLACE
OF MOTHER †

Lowell

OCCUPATION

Iron Worker

INFORMANT ‡

Brother Mrs. B. T.

PLACE OF BURIAL OR REMOVAL

Graves

DATE OF BURIAL

April 13, 1907

UNDERTAKER

J. H. McCall

ADDRESS

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or county; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 1, 1907 to April 10, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Thrombosis

Contributory:

(DURATION)

DAYS

(Signed)

Apr. 13, 1907 (Address) 203 Center St. M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Apr. 13, 1907 Edward J. O'Sullivan Clerk

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

174
Chelmsford
(CITY OR TOWN)

FULL NAME

Beatrice Collier

Registered No.

27

Place of Death * }

Chelmsford Centre

Date of Death

April 11 1907

Residence

Chelmsford

Age

71

years

3

months

9

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow

MAIDEN NAME †

Beatrice Nelson

HUSBAND'S NAME †

John A. Collier

BIRTHPLACE ‡

Bergen, Norway

NAME OF FATHER

Thos. Nelson

BIRTHPLACE OF FATHER ‡

Bergen, Norway

MAIDEN NAME OF MOTHER

Anna M. Ramolow

BIRTHPLACE OF MOTHER ‡

Bergen, Norway

OCCUPATION

At Home

INFORMANT §

Mrs. Francisco Ray

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

1907

Chelmsford, Ws. Chelmsford

UNDERTAKER

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Senility

(DURATION)

DAYS

Contributory:

(DURATION)

DAYS

(Signed)

Arthur G. Jackson M.D.

Apr. 13 1907 (Address)

Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

Apr. 14

1907

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

175-
Chelmsford
(CITY OF TOWN.)

FULL NAME

Eddie Margaret Tucker

Registered No.

28

Place of
Death *

Chelmsford

Date of
Death

April 14 1907

Residence

Chelmsford

Age

0

years

6

months

7

days

STATISTICAL DETAILS

SEX

Female

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

X

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Princeton Edward Island

NAME OF
FATHER

William C. Tucker

BIRTHPLACE
OF FATHER ‡

Hartland Me.

MAIDEN NAME
OF MOTHER

Natie West Union

BIRTHPLACE
OF MOTHER ‡

Princeton Edward Island

OCCUPATION

INFORMANT §

William E. Tucker

PLACE OF BURIAL OR REMOVAL ||

First Cemetery
Princeton Chelmsford

DATE OF BURIAL

April 16 1907

UNDERTAKER

Matter Denham

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 7 1907 to Apr 14 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Rheumatism - fuses ossicles

(DURATION)

7

DAYS

Contributory:

(DURATION)

DAYS

(Signed)

J. E. Varney

M.D.

(Address) M. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death ?

years

months

days

Where was disease contracted,
if not at place of death?

Filed

April 15 1907 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.



MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 176
OF

RETURN OF A DEATH LOWELL

FULL NAME

Shawatina Standley

Registered No.

29

Place of Death *

South Shelburne Mass

Date of Death

April 15, 1907 Age 56 years months days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Female

White

Widow

MAIDEN NAME †

Shawatina Wright

HUSBAND'S NAME †

George Standley

BIRTHPLACE †

Shelburne Mass

NAME OF FATHER

Nathan Wright

BIRTHPLACE OF FATHER †

Wachusett St.

MAIDEN NAME OF MOTHER

Elena Blithwell

BIRTHPLACE OF MOTHER †

Shelburne Mass

OCCUPATION

at home

INFORMANT §

Mother

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

Shelburne Mass

April 18 1907

UNDERTAKER

ADDRESS

C. M. Young & Co 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 9th 1907 to Apr. 15 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

Contributory (DURATION) 7 DAYS

(Signed) Emma S. Howard M.D.

Apr. 16 1907 (Address) Shelburne Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed April 18 1907 Edward J. D. Rogers Town Clerk.

* City or Town, street and number, if any. If death occurs away from RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

§ Name and address of person giving statistical details.

THE STATE OF NEW YORK
 COUNTY OF ...
 IN SENATE,
 JANUARY 1, 1891.

REPORT
 OF THE
 COMMISSIONERS OF THE LAND OFFICE
 FOR THE YEAR 1890
 ALBANY: PUBLISHED BY THE STATE PRINTING OFFICE.
 1891.

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME *Lucas Everett Prescott*Registered No. *30*Place of Death* } *Chelsea*Date of Death } *April 23* 1907Residence *Chelsea*Age *0* years *4* months *2* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME†

HUSBAND'S NAME†

BIRTHPLACE‡

Lowell

NAME OF FATHER

Frank R. Prescott

BIRTHPLACE OF FATHER‡

Westford

MAIDEN NAME OF MOTHER

Annied. Kellogg

BIRTHPLACE OF MOTHER‡

Sheffield, N. B.

OCCUPATION

INFORMANT §

H. R. Prescott

PLACE OF BURIAL OR REMOVAL||

Traverse Cem, Westford Mass

DATE OF BURIAL

April 25 1907

UNDERTAKER

Walter Parham

ADDRESS

Chelsea

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1907* to *April 23*, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Influenza - Complication

Contributory:

(DURATION).....DAYS

(Signed) *Frederick G. Johnson* M.D.*Apr 25* 1907 (Address) *Board of Health - Chamberlain and Johnson*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years.....months.....days

Where was disease contracted, if not at place of death?

Filed

Apr 25 1907 *Edmund J. Robbins* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME

*Charles B Cole*Registered No. *31*Place of
Death**Chelmsford*Date of
Death*April 25 1907*

Residence

Chelmsford

Age

15 years *8* months *3* days

STATISTICAL DETAILS

SEX

Male

COLOR

*White*SINGLE, MARRIED,
WIDOWED, OR
DIVORCED*Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

*Sackville N.B.*NAME OF
FATHER*Benjamin Cole*BIRTHPLACE
OF FATHER ‡*New York State.*MAIDEN NAME
OF MOTHER*Jane Lockhart*BIRTHPLACE
OF MOTHER ‡*Sackville N.B.*

OCCUPATION

Blacksmith

INFORMANT §

Benjamin Cole

PLACE OF BURIAL OR REMOVAL ||

Eden Cem. Lowell

DATE OF BURIAL

April 28 1907

UNDERTAKER

Mallet Perkins

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Stroke of Heart*

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed)

A. C. Smith M.D. - Chelmsford
April 26 1907 (Address) 219 Central St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Apr. 28 1907 Edward J. Robbins
City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

178



COMMONWEALTH OF MASSACHUSETTS

CITY 11/19
OF

RETURN OF A DEATH

LOWELL

FULL NAME *Henry H. Buggell*
Place of Death * *West Chelmsford**Mon J. Chelmsford*
Registered No. *32*Date of Death *April 26 1907*Age *78* years *0* months *17* days

STATISTICAL DETAIL

SEX *Male* COLOR *White* SINGLE, MARRIED,
WIDOWED, OR DIVORCED *Widowed*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Middleton N. H.

NAME OF FATHER

BIRTHPLACE OF FATHER †

Henry H. Buggell

MAIDEN NAME OF MOTHER

Hodgdon

BIRTHPLACE OF MOTHER †

N. H.

OCCUPATION

Retired

INFORMANT §

Chas. E. Buggell

PLACE OF BURIAL OR REMOVAL ||

Freewill Cem.

DATE OF BURIAL

April 28 1907

UNDERTAKER

Walter Porham

ADDRESS

Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Apr. 23, 1907* to *Apr. 26, 1907*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:Primary: *Arteriosclerosis**Arteriosclerosis*Contributory *Arteriosclerosis* (DURATION) DAYS(Signed) *H. E. Venable* (DURATION) DAYS*Apr. 26, 1907* (Address) *West Chelmsford*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Place of Death? Days

Where was disease contracted, if not at place of death?

Filed *Apr. 27 1907* *Edmund J. Robbins*
Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY / 80

RETURN OF A DEATH

OF LOWELL

FULL NAME

James Joseph Kennedy

Registered No.

33

Place of Death *

Coast Street, Lowell, Mass.

Date of Death

April 27

Age 70

years

months

days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Ireland

NAME OF FATHER

James Joseph Kennedy

BIRTHPLACE OF FATHER †

Ireland

MAIDEN NAME OF MOTHER †

Margaret Kennedy

BIRTHPLACE OF MOTHER †

Ireland

OCCUPATION

Retired

INFORMANT §

Michael Kennedy

PLACE OF BURIAL OR REMOVAL ||

St. Patrick's Church

DATE OF BURIAL

April 29, 1907

UNDERTAKER

ADDRESS

John J. Kennedy 443-16 Auburn St. Lowell, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *April 22nd* 1907 to *April 27* 1907,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Heart failure, coronary artery disease*

Contributory: *Heart congestion of long standing*

with *senility* (DURATION) *3* DAYS

(Signed) *James J. Kennedy M.D.*

April 27 1907 (Address) *No. 5, State St. Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

Apr. 27, 1907 Edward J. Coffey

Lowell, Mass.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details. Name of cemetery.

1952

1952

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1952

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

187
Chelsea
 (CITY OR TOWN)

FULL NAME *Andrew A. Brotherton*Registered No. *34*Place of Death* *Chelsea Mass*Date of Death *April 29* 1907Residence *Donnell Mass.*Age *49* years *11* months *29* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Galacahills, Scotland

NAME OF FATHER

Unborn

BIRTHPLACE OF FATHER †

Unborn

MAIDEN NAME OF MOTHER

Ann Brotherton

BIRTHPLACE OF MOTHER †

Shawville, Scotland

OCCUPATION

Labourer

INFORMANT §

Wm. Tracy & Mrs. William Cunningham

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Five Ridge Cem, Chelsea May 1 1907

ADDRESS

Chelsea Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *190* to *190*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Apoplexy

(SOURATION) DAYS

Contributory:

(SOURATION) DAYS

(Signed)

M.D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years.

months.

days

Where was disease contracted, if not at place of death?

Filed

May 1 1907 *Edward J. Robbins* Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME Instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Thomas White*Registered No. *35*Place of Death * *110 South Street, Lowell*Date of Death *April 29*Age *1*

years

0

months

days

STATISTICAL DETAILS

SEX *male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *April 24* 1907 to *April 29* 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Endure - colitis

(duration)

8

DAYS

Contributory:

(duration)

DAYS

(Signed)

F E Jarvey

M.D.

April 30 1907 (Address) *77 Chelmsford*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death?

Days

Where was disease contracted, if not at place of death?

Filed

May 1 1907*Edward J. Robbins**Cover*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Mary Evans Holt

183
Chelmsford

Place of Death* } Chelmsford

Date of Death } May 10 1907

Residence Chelmsford

Age 82 years 10 months 19 days

Registered No.

36

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Widow

MAIDEN NAME †

Mary E. Mayfield

HUSBAND'S NAME †

Horace Holt

BIRTHPLACE †

Custer Maine

NAME OF FATHER

Nathan Mayfield

BIRTHPLACE OF FATHER †

London N. H.

MAIDEN NAME OF MOTHER

Harriet Hill

BIRTHPLACE OF MOTHER †

London N. H.

OCCUPATION

Ct House

INFORMANT §

Emma Holt

PLACE OF BURIAL OR REMOVAL

Union Cem.

DATE OF BURIAL

May 14 1907

UNDERTAKER

Walter Perkins

ADDRESS

Chelmsford

I HEREBY CERTIFY that I attended deceased during last illness, from March 1907, to May 10 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Senile degeneration

Contributory:

(Signed) Emma Evans M.D.
May 12 1907 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Nov 12 1907 Edmund J. Robbins
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



RETURN OF A DEATH

FULL NAME

Daniel James Frederick

Registered No.

37

Place of Death *

South Chatham, Mass.

Date of Death

May 12 - 12.45 a.m. (1907)

Age 83

7

months

days

STATISTICAL DETAILS

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Contisbury, W. H.

NAME OF
FATHER

Daniel Richard

BIRTHPLACE
OF FATHER ‡

Roxbury, Mass

MAIDEN NAME
OF MOTHER

Susan Stacey

BIRTHPLACE
OF MOTHER ‡

Roxbury, W. H.

OCCUPATION

Farmer

INFORMANT §

(at usual home)
Daughter

PLACE OF BURIAL OR REMOVAL ||

South Chatham
So. Chatham

DATE OF BURIAL

May 14, 1907

UNDERTAKER

Harris T. Ryan

ADDRESS

So. Chatham
Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 2, 1907 to May 11 or 12, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Coronary thrombosis

Contributory:

(DURATION)

7

DAYS

(DURATION)

DAYS

(Signed)

May 12, 1907 (address) Roxbury, Mass

M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death?

Days

Where was disease contracted, if not at place of death?

Filed

May 13 1907 Edward J. Goffburg
Clerk

* City or town, street and number. If any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN.)

185

RETURN OF A DEATH

FULL NAME

Jesse M. Barry

Registered No.

38

Place of
Death*

Dunstable St North Chelmsford

Date of
Death

May 12 1907

Residence

Age

66

years

months

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME†

Jas. Barry

HUSBAND'S NAME†

James M. Barry

BIRTHPLACE†

Ireland

NAME OF
FATHER

not known

BIRTHPLACE
OF FATHER†

Ireland

MAIDEN NAME
OF MOTHER

not known

BIRTHPLACE
OF MOTHER†

Ireland

OCCUPATION

at store

INFORMANT‡

Miss Sarah M. Barry
daughter in law

PLACE OF BURIAL OR REMOVAL||

St. Mary's cemetery, Lowell

DATE OF BURIAL

May 14 1907

UNDERTAKER

Wm. J. H. Small

ADDRESS

324 May 14

I HEREBY CERTIFY that I attended deceased during last illness, from May 7 1907, to May 12 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Dementia

(DURATION) 2 DAYS

Contributory:

(DURATION) 2 DAYS

(Signed)

J. E. Barry

M.D.

May 13 1907

(Address)

North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

May 14, 1907 Edward J. Robb
Clerk

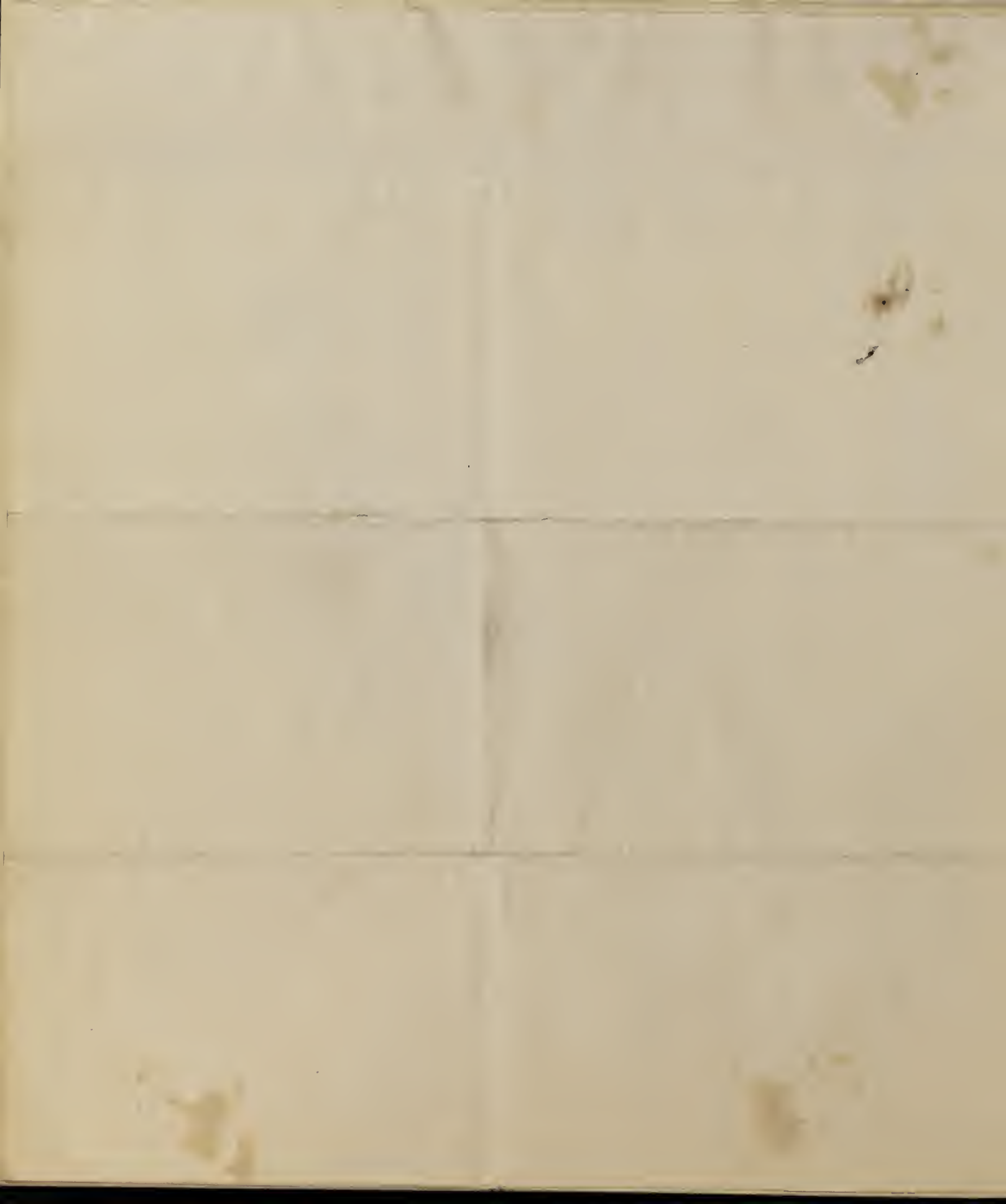
* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

186

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Isaac T. Lynde

Registered No. 39

Place of Death *

235 Washington St.

Date of Death

May 16 1907

Residence

W. Chelmsford

Age

21 years, 0 months, 0 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Female

White

MAIDEN NAME †

W. Lynde

HUSBAND'S NAME †

Isaac T. Lynde

BIRTHPLACE †

Amherst Mass

NAME OF FATHER

John V. Lynde

BIRTHPLACE OF FATHER †

Amherst Mass

MAIDEN NAME OF MOTHER

Martha S. Childs

BIRTHPLACE OF MOTHER †

Amherst Mass

OCCUPATION

at home

INFORMANT §

Isaac T. Lynde

PLACE OF BURIAL OR REMOVAL ‖

St. John's Cemetery

DATE OF BURIAL

May 18 1907

UNDERTAKER

E. H. Lynde

ADDRESS

343 W. Ward

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 9 1907 to May 16 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary tuberculosis

Duration: 2 years

Contributory: ...

(Signed) ... M.D.

May 17 1907 (Address) 10 Salem St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ... years, ... months, ... days

Where was disease contracted, if not at place of death? ...

Filed May 17 1907, Edward J. Corbin Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

187

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Joseph J. Jernais

Registered No.

410

Place of

North Chelmsford, Mass.

Date of

May 18, 1907

Residence

North Chelmsford, Mass.

Age

years months days

STATISTICAL DETAILS

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

North Chelmsford, Mass.

NAME OF FATHER

Alexander Jernais

BIRTHPLACE OF FATHER †

Canada

MAIDEN NAME OF MOTHER

Fannie Garbar.

BIRTHPLACE OF MOTHER †

Canada

OCCUPATION

Ct. House

INFORMANT §

Alexander Jernais

PLACE OF BURIAL OR REMOVAL ||

St. Joseph's

DATE OF BURIAL

May 18, 1907

UNDERTAKER

Joseph Albert

ADDRESS

157 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 18, 1907, to May 18, 1907, that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was as follows:

Primary:

Cerebral artery thrombosis

(DURATION)

6 hours.

Contributory:

(Signed)

H. E. Jernais

M.D.

May 18, 1907 (Address)

North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

May 18, 1907

Edward J. Robbins

Clerk

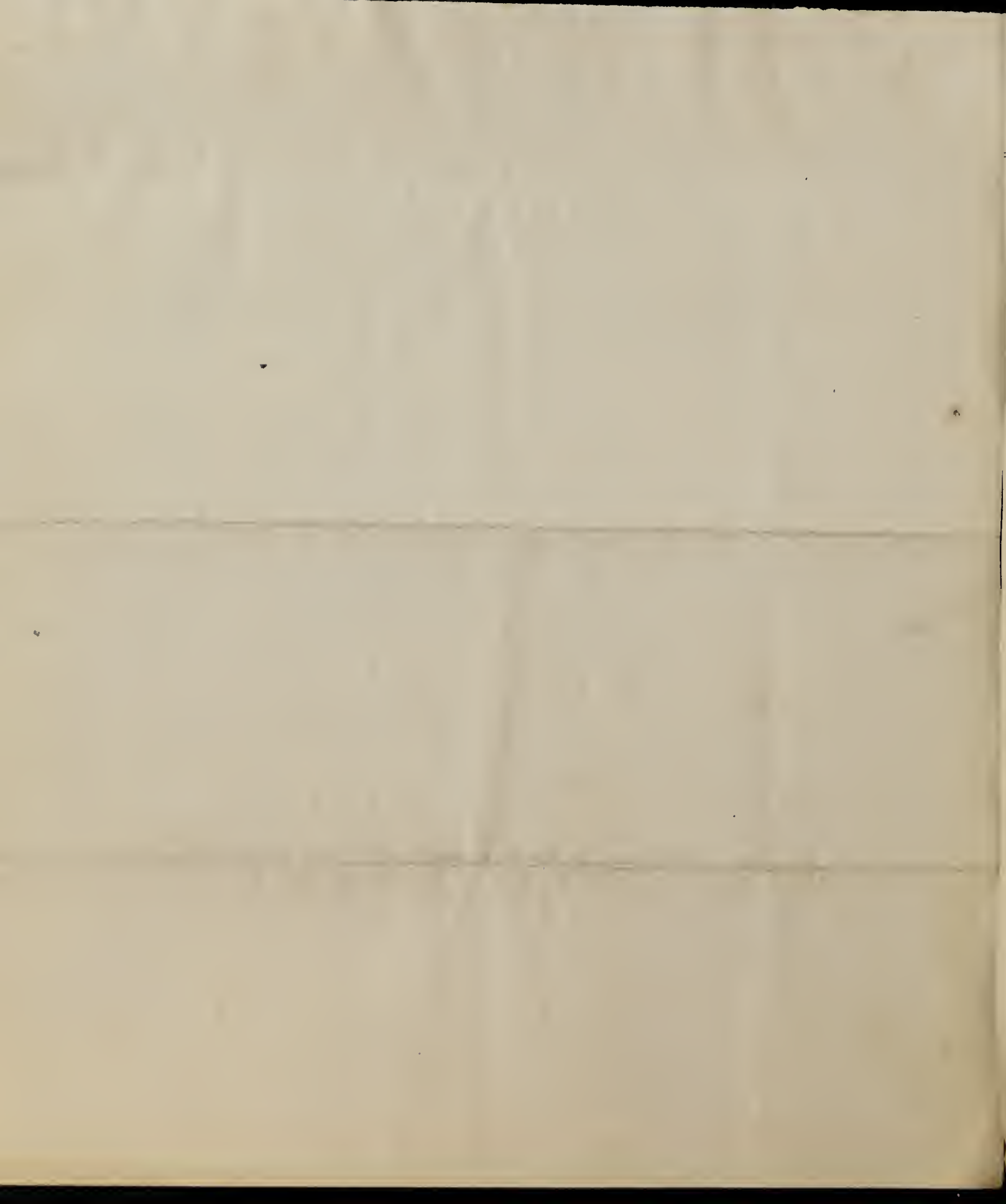
* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

To be returned to Lowell
CITY OF LOWELL

(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME *Margaret Livingston*

Registered No. *41*

Place of Death * *North Chelmsford Mass*

Date of Death *May 26* 190*2*

Residence *do* Age *4* years *4* months *18* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

North Chelmsford Mass.

NAME OF FATHER

BIRTHPLACE OF FATHER †

do

MAIDEN NAME OF MOTHER

Bridget McQuinn

BIRTHPLACE OF MOTHER †

Ireland

OCCUPATION

INFORMANT \$

Andrew J. Livingston

PLACE OF BURIAL OR REMOVAL ‡

DATE OF BURIAL

St. Patrick's Cemetery

May 27 190*2*

UNDERTAKER

ADDRESS

240 Commercial St. Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 26* 190*2* to *May 26* 190*2*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Stillborn

Contributory:

(Signed) *H. D. Vanney*

M.D.

May 27 190*2* (Address) *No. Chelmsford*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? *do* years *do* months *do* days

Where was disease contracted, if not at place of death ?

Filed

May 27 190*2* *Edmund J. Perkins* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN.)

189

RETURN OF A DEATH

FULL NAME

Place of }
Death * }

Marion C. Hubbard
Coast Chalmersford

Registered No.

42

Date of }
Death }

May 26 1907

Residence

Age 68 years 6 months 16 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Coast Chalmersford

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

Judge Hubbard
Southworth Mass

MAIDEN NAME OF MOTHER

Miss Chaffee

BIRTHPLACE OF MOTHER ‡

Dulane

OCCUPATION

INFORMANT §

Mother

PLACE OF BURIAL OR REMOVAL ||

Coast Chalmersford

DATE OF BURIAL

May 28 1907

UNDERTAKER

C. F. W. G. H. G. H. G.

ADDRESS

343 W. Main St.

I HEREBY CERTIFY that I attended deceased during last illness, from May 22 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary

Stroke - Pneumonia

(DURATION) 6 days

Contributory:

(Signed) R. H. Livingston M.D. (Address) 37 Dunster St. 1907

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

May 28 1907 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 190
OF

RETURN OF A DEATH

LOWELL

FULL NAME

George Deed

Registered No.

43

Place of Death *

East Chelmsford, Mass

Date of Death

May 30, 1907

Age

57

years, months, days

STATISTICAL DETAIL

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

W. B. Jackson town, Me.

NAME OF FATHER

Richard Deed

BIRTHPLACE OF FATHER †

France

MAIDEN NAME OF MOTHER

Sarah Rockwell

BIRTHPLACE OF MOTHER †

W. B. Jackson town, Me.

OCCUPATION

Teamster

INFORMANT §

Mrs. George Deed

PLACE OF BURIAL OR REMOVAL ||

St. Patrick's Cem.

DATE OF BURIAL

June 1, 1907

UNDERTAKER

ADDRESS

J. C. Munnick 80 Muddy St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 20, 1907, to May 30, 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Heart Failure

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed)

Edw. Bennett, M. D.

May 31, 1907 (Address) Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at

Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

May 31, 1907 Edward J. Reilly

Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RETURN OF A DEATH

NAME OF TOWN.

FULL NAME

Wesley Hartsnell Johnson

Registered No.

44

Place of Death *

1567 Willard Ave., Arlington Heights, Mass.

Date of Death

May 18th, 1907

Age

70

years

6

months

14

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

White

MARRIED, OR
DIVORCED

Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Cleveland, Ohio

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

George E. Johnson

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT \$

Sarah E. Johnson

PLACE OF BURIAL OR REMOVAL ||

Wesley, Mass

DATE OF BURIAL

May 21, 1907

UNDERTAKER

ADDRESS

A. H. Hartsnell & Son, Arlington

I HEREBY CERTIFY that I attended deceased during last illness, from May 10, 1907 to May 18, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tubercular disease of the heart - - - - - of several months' standing (DURATION) DAYS

Contributory: Rheumatism (DURATION) DAYS

(Signed) Allan West, M.D. (Address) May 18, 1907 (Address) Arlington Heights

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence E. Chelmsford, Mass. How long at Days

Where was disease contracted, if not at place of death?

Filed May 21, 1907 Thomas J. Johnson Clerk

* City or town, street and number, if any, if death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

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WASHINGTON

RETURN OF A DEATH

FULL NAME

Voghting

Registered No.

415

Place of Death *

No. Hubbard

Date of Death

June 10

Age

years

3 months

days

STATISTICAL DETAILS

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

No. Hubbard

NAME OF FATHER

John Voghting

BIRTHPLACE OF FATHER ‡

Willow Brook England

MAIDEN NAME OF MOTHER

Emma Elmer Parker

BIRTHPLACE OF MOTHER ‡

Grandford England

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

Pine Valley Cemetery

DATE OF BURIAL

June 11, 1907

UNDERTAKER

J. O. Vetter

ADDRESS

No. 100

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 10, 1907 to June 10, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Stillborn

(DURATION)

DAYS

Contributory:

(DURATION)

DAYS

(Signed)

H. A. Chace

M.D.

June 10, 1907 (Address)

No. 100

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death?

Days

Where was disease contracted, if not at place of death?

Filed

June 11, 1907 Edward J. Voghting

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME. Instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY 193
 OF

RETURN OF A DEATH LOWELL

FULL NAME

Source, J. Page

Registered No. 46

Place of Death *

Centre St. Cabt. Chamberlain

Date of Death

June 10, 1907

Age

7 years

11 months

16 days

STATISTICAL DETAIL

SEX

Male

COLOR

White

SINGLE, MARRIED,
 WIDOWED, OR
 DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

West Acton, Mass.

NAME OF FATHER

James D. Page

BIRTHPLACE OF FATHER †

Dunstable, Mass.

MAIDEN NAME OF MOTHER

Elizabeth Foxman

BIRTHPLACE OF MOTHER †

St. John N.C.

OCCUPATION

INFORMANT §

Harry D. Page

PLACE OF BURIAL OR REMOVAL †

Green Cemetery

DATE OF BURIAL

June 13, 1907

UNDERTAKER

A. W. Winchell 50 Middle St.

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 9th 1907 to June 10th 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Acute pneumonia

Contributory: (DURATION) 5th DAYS

(signed) M. D. M. D.

June 11th 1907 (Address) 222 Essex St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed June 12 1907 Edward J. O'Sullivan Clerk

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow. State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details. † Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

(CITY OR TOWN.)

194

RETURN OF A DEATH

FULL NAME

William H. McKeown

Registered No.

47

Place of Death * 100 West 1st St., North Chelmsford

Date of Death June 21 1907

Residence

Age 63 years, 6 months, 7 days

STATISTICAL DETAILS

SEX Male COLOR white SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Ireland

NAME OF FATHER

William

BIRTHPLACE OF FATHER †

Ireland

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER †

"

OCCUPATION

Stone Cutter

INFORMANT ‡

Frank McKeown

PLACE OF BURIAL OR REMOVAL ‡

DATE OF BURIAL

UNDER TAKER

ADDRESS

100 West 1st St., North Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 1 1907 to June 21 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart Failure

Contributory: Cancer of Alimentary

(Signed) G. A. Thayer M.D.

June 22 1907 (Address) 100 West 1st St., North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death? days

Filed June 22 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow, State or country; also city, town or county, if known.

‡ Name and address of person giving statistical details.

§ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Phelimodora
(~~1915~~ 1915)
1915

FULL NAME

William Richardson Macmillan
Registered No. *418*

Place of Death*

Woburn, Mass.
Date of Death *June 26* 190*7*

Residence

Woburn, Mass.
Age *67* years, *1* months, *9* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

M.

COLOR

W.

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Robert W. Schuster Co. N. J.

NAME OF FATHER

John Brown Macmillan

BIRTHPLACE OF FATHER ‡

Macmillan, N. J.

MAIDEN NAME OF MOTHER

Mary Graham

BIRTHPLACE OF MOTHER ‡

Macmillan, N. J.

OCCUPATION

Lawyer

INFORMANT §

Frederick Macmillan

PLACE OF BURIAL OR REMOVAL ||

West Lawn, Woburn, Mass. June 28 1907

DATE OF BURIAL

UNDERTAKER

ADDRESS

Walter Deane Woburn, Mass.

I HEREBY CERTIFY that I attended deceased during last illness, from *May 4* 190*7* to *June 26* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Myocarditis

(DURATION)

DAYS

Contributory:

(Signed)

H. L. Fager

M.D.

June 27 1907 (Address)

No. 10 Woburn, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death?

years months days

Where was disease contracted, If not at place of death?

Filed

June 28 1907 Edward J. Collins
Clerk

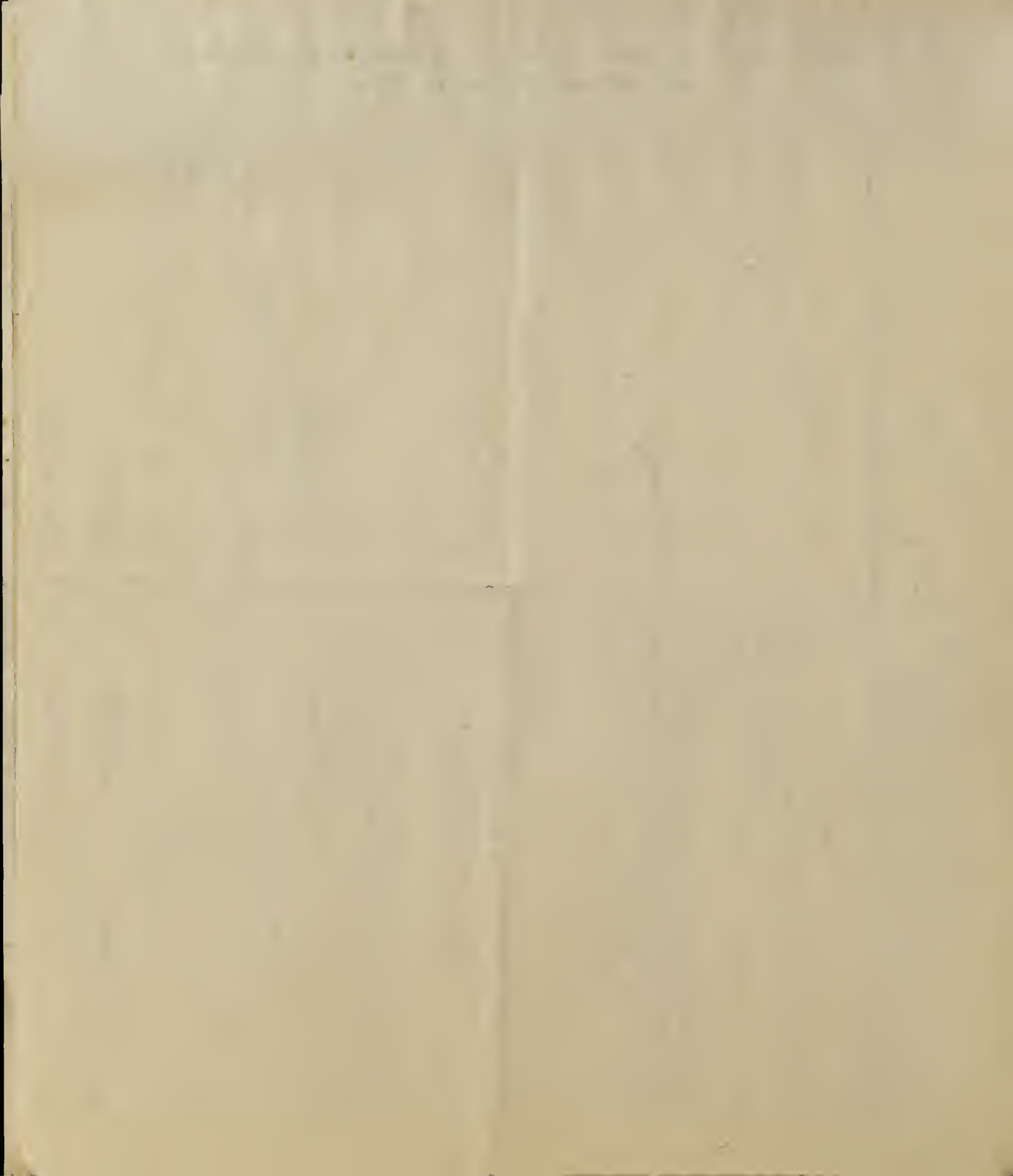
* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

196
CITY OF LOWELL

(CITY OF TOWN.)

RETURN OF A DEATH

FULL NAME *Robert Joseph Sanctor*Registered No. *119*Place of Death * *Golden Cove Hotel, Lowell*Date of Death *June 29* 190*7*Residence *Lowell*

Age

years

months

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE ‡ OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE ‡ OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDETAKE

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 24th*, 190*7* to *June 28th*, 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Alco bolitis

(DURATION)

8

DAYS

Contributory:

(DURATION)

DAYS

(Signed)

J. J. Lavinia

M.D.

June 29, 1907 (Address)

546 Middle Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ?

years

months

days

Where was disease contracted, if not at place of death?

Filed

*June 29, 1907**Edward J. O'Brien*

Clerk

* City or town, street and number, if any, if death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(FILL IN TOWN)

FULL NAME

Elizabeth Thompson McBee

Registered No.

57

Place of Death * }

Chelmsford

Date of Death

July 2 1907

Residence

Chelmsford

Age

54 years 13 months 12 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

white

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow

MAIDEN NAME †

Elizabeth Thompson

HUSBAND'S NAME †

Robert McBee

BIRTHPLACE †

Paisley, Scotland

NAME OF FATHER

John Thomson

BIRTHPLACE OF FATHER †

Paisley, Scotland

MAIDEN NAME OF MOTHER

Christina Metten

BIRTHPLACE OF MOTHER †

Paisley, Scotland

OCCUPATION

Athlete

INFORMANT §

Mrs James Ackworth

PLACE OF BURIAL OR REMOVAL ||

The Repertory Co.

DATE OF BURIAL

July 3 1907

UNDERTAKER

Morton Perkins

ADDRESS

Chelmsford

I HEREBY CERTIFY that I attended deceased during last illness, from June 8 1907 to July 1 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Senility

Contributory:

(DURATION) DAYS

(Signed)

Arthur G. Sedgwick M.D.

(SIGNATURE) DAYS

July 3 1907 (Address)

Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ?

years months days

Where was disease contracted, if not at place of death ?

Filed

July 3 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

198

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Frank Prescott*

Registered No. *51*

Place of Death* *Chelmsford*

Date of Death *July 22* 1907

Residence *Chelmsford*

Age *38* years *5* months *11* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *—*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF FATHER

BIRTHPLACE OF FATHER †

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER †

OCCUPATION

INFORMANT \$

PLACE OF BURIAL OR REMOVAL ‡

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from *July 21* 1907 to *July 23* 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Diphtheria*

About (DURATION) *4* DAYS

Contributory:

(Signed) *Arthur B. Peterson* (DURATION) *—* DAYS
July 22 1907 (Address) *Chelmsford, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *—* years *—* months *—* days

Where was disease contracted, if not at place of death?

Filed *July 22* 1907 *Edward J. Robbins* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

198.1
CITY OF LOWELL

(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME

Linda H. Buckner

Registered No.

Place of
Death *

Philadelphia, Pa.

Date of
Death

July 20, 1907

Residence

Philadelphia, Pa.

Age

79

years

months

days

STATISTICAL DETAILS

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Linda Healy Woods

HUSBAND'S NAME †

Thomas S. Buckner

BIRTHPLACE ‡

Transylvania, N. C.

NAME OF
FATHER

O. Wood

BIRTHPLACE
OF FATHER ‡

Transylvania, N. C.

MAIDEN NAME
OF MOTHER

Mary Healy

BIRTHPLACE
OF MOTHER ‡

Washington, N. C.

OCCUPATION

Washington, N. C.

INFORMANT §

Ernest W. Buckner

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

1907

UNDERTAKER

North Philadelphia

ADDRESS

July 23, 1907

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Hepatitis

Contributory: Cholemic (duration) days

(Signed) 190 (Address) M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

July 23

1907 Edward J. Rebbins, Civil Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country) also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

199

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Joseph William Bernard*Registered No. *52*Place of Death* *Chelmsford Town*Date of Death *July 22* 190*7*Residence *Chelmsford Center* Age *—* years *—* months *6* days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED*M.**W.*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 12* 190*7* to *July 22* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Goethu Enteritis*

Contributory:

(DURATION) *10* DAYS

(DURATION) DAYS

(Signed) *J. J. Deane* M.D.*July 27* 190*7* (Address) *546 Middlesex St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

July 28 190*7* *Edward J. Robbins* Town Clerk

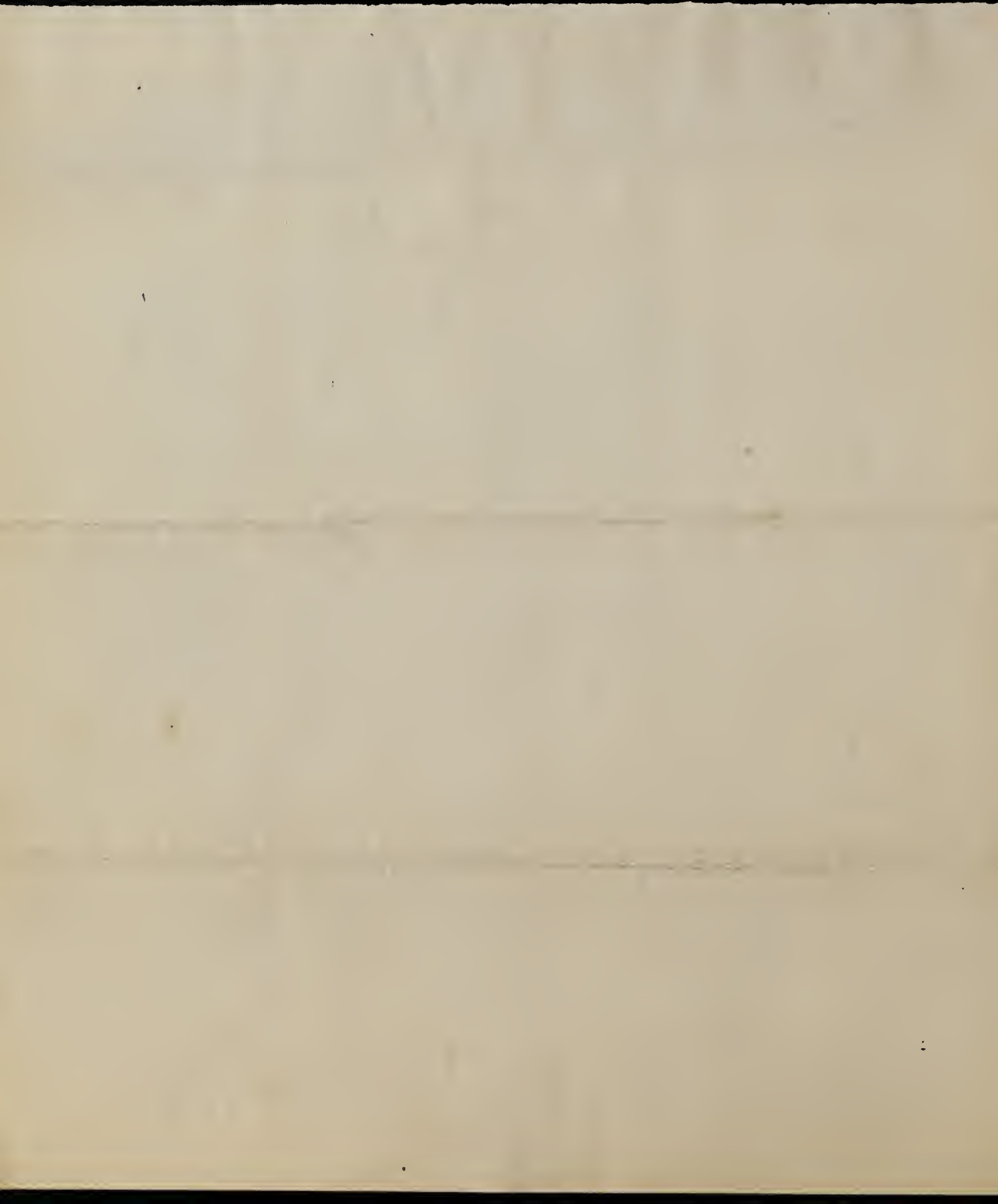
* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY *Lowell*

RETURN OF A DEATH

OF
 LOWELL

Registered No.

53

FULL NAME

Frances M. Duncan

Place of Death *

North Elmwood Place

Date of Death

Aug 1

1907

Age

82

years

2

months

days

STATISTICAL DETAIL

SEX

Female

COLOR

White

SINGLE, MARRIED,
 WIDOWED, OR
 DIVORCED

Widow

MAIDEN NAME †

Frances M. Taylor

HUSBAND'S NAME †

Nathaniel Duncan

BIRTHPLACE †

Washington in St.

NAME OF
 FATHER

Joseph Taylor

BIRTHPLACE
 OF FATHER †

Beverly Mass

MAIDEN NAME
 OF MOTHER

Charles Butterfield

BIRTHPLACE
 OF MOTHER †

Frankston in St.

OCCUPATION

at home

INFORMANT §

son

PLACE OF BURIAL OR REMOVAL ||

Riverside Cemetery Aug. 3, 1907.

DATE OF BURIAL

UNDERTAKER

ADDRESS

Edw. Spring 450 33 Prescott St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last

illness, from *July 23* 1907 to *Aug 1* 1907,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: *Organic disease heart*

last sickness one month DAYS

Contributory: DAYS

(Signed) *J. E. Harney* M. D.

Aug 1 1907 (Address) *Frankston in St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,

or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed *Aug 3* 1907 *Edward J. Bodine* Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL

RESIDENCE, give facts called for under "Special Information." If in a

Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
 ‡ State or Country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

C. M. Young Sec

RETURN OF A DEBIT

FORGET
OF
CITY

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

201

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Rose M. Conway

Registered No.

1144 54

Place of Death*

Boyle Woods

Date of Death

July 24 1904

Residence

No. 10 Belmont St.

Age

61 years months days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

F.

W.

SINGLE, MARRIED, WIDOWED, OR DIVORCED

M.

MAIDEN NAME†

Rose Bant

HUSBAND'S NAME†

Charles McConary

BIRTHPLACE†

Lowell

NAME OF FATHER

Patrick Bant

BIRTHPLACE OF FATHER†

Ireland

MAIDEN NAME OF MOTHER

Gene Flynn

BIRTHPLACE OF MOTHER†

Ireland

OCCUPATION

None

INFORMANT §

M. J. Conboy

PLACE OF BURIAL OR REMOVAL ||

St. Patrick's Church

DATE OF BURIAL

July 25 1904

UNDERTAKER

J. J. Conboy & Sons

ADDRESS

324 Market St.

I HEREBY CERTIFY that I attended deceased during last illness, from Apr 15 1904 to July 23 1904,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of endometrium

(DURATION)

DAYS

Contributory:

(DURATION)

DAYS

(Signed)

Robert M. Conboy

M.D.

July 24 1904 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

July 26 1904

Conboy

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

202

(CITY OR TOWN.)

55

4 1907

29

PHYSICIAN'S CERTIFICATE

WIDOWED, OR
DIVORCED

Married

ADDRESS

Filed
July 7 1907
Edward J. Robbins
Down Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give address of place where death occurred.

Institution, give its NAME instead of street and number.

1 In case of married or divorced woman, or widow,

† State or country; also city, town or county, if known

11 Name of cemetery.

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME

Rosa Alma Black

Registered No. 56

Place of
Death * }

Edmund Road, Mass.

Date of Death } Aug 15 1907

Residence

Edmund Road

Age — years. — months. — days

STATISTICAL DETAILS

SEX

fe

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Edmund Road, Mass.

NAME OF
FATHER

Edward Black

BIRTHPLACE
OF FATHER ‡

Dorchester, Mass.

MAIDEN NAME
OF MOTHER

Edmund Road, Mass.

BIRTHPLACE
OF MOTHER ‡

Canada

OCCUPATION

INFORMANT \$

J. E. Black

PLACE OF BURIAL OR REMOVAL ||

Edmund Road

DATE OF BURIAL

UNDERTAKER

ADDRESS

J. E. Black

735 Edmund Road

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 11, 1907 to Aug. 15, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Granular

Endemic (DURATION) DAYS

Contributory:

(Signed) Arthur H. Dickinson, M.D.

Aug. 15, 1907 (Address) Edmund Road, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ?

years. — months. — days

Where was disease contracted, if not at place of death ?

Filed

Aug. 16, 1907 Edmund Road, Mass. Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

RETURN OF A DEATH

LOWELL

FULL NAME

Place of Death *

Registered No.

Date of Death

Age

years

3 months

3 days

STATISTICAL DETAIL

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHERBIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 16 1907 to Aug 16 1907,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Marasmus

4 or 5 weeks (DURATION) DAYS

Contributory

(Signed) J. J. G. (DURATION) DAYS

Aug 16 1907 (Address) North W. Inwood

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence. Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed

Aug 17 1907 Edward J. Robbins

Corn Clerk

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

Feb 21/91

Received of the Treasurer of the
County of ... the sum of ...

for ...

...

...

...

...

...

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Blond St. Cheney

Registered No.

58

Place of
Death* }

Chelmsford Mass

Date of
Death }

Aug. 17 1907

Residence

Chelmsford Mass

Age

1

years.

8

months.

7

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 14 1907 to Aug. 17 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral shock.

Contributory:

(DURATION)

DAYS

(Signed)

Anna Howard

M.D.

Aug. 17 1907 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

Aug 19 1907

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Susan Abbott Perry

Registered No.

59

Place of
Death*

Chelmsford

Date of
Death

Aug 21 1907

Residence

Chelmsford

Age 87

years 5 months 6

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Widow

MAIDEN NAME†

Susan A. Garvin

HUSBAND'S NAME†

Charles Perry

BIRTHPLACE†

Concord N. H.

NAME OF
FATHER

Hubbard Garvin

BIRTHPLACE
OF FATHER†

Unknown

MAIDEN NAME
OF MOTHER

Unknown

BIRTHPLACE
OF MOTHER†

Unknown

OCCUPATION

at home

INFORMANT'S

Geo. Perry

PLACE OF BURIAL OR REMOVAL‡

Fair Ridge Cem. Chelmsford

DATE OF BURIAL

Aug 23 1907

UNDERTAKER

Halter Parlan

ADDRESS

Chelmsford

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 18 1907 to 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral thrombosis

Contributory:

(Signed)

James A. O'Neil M.D.
Aug 21 1907 (Address) 329 Westfield St. Lowell.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death? years months daysWhere was disease contracted,
if not at place of death?

Filed

Aug 23 1907 Edward J. Robb
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME. Instead of street and number,

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.



RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Lawrence H. McInerney

Registered No.

60

Place of
Death *

North Chelmsford Mass

Date of
Death

Aug 25

1907

Residence

North Chelmsford Mass

Age

54

years.

months.

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

North Chelmsford

NAME OF
FATHER

Queen McInerney

BIRTHPLACE
OF FATHER ‡

Ireland

MAIDEN NAME
OF MOTHER

Mary Lawrence

BIRTHPLACE
OF MOTHER ‡

Ireland

OCCUPATION

Moulder

INFORMANT §

Mrs. McInerney

PLACE OF BURIAL OR REMOVAL ||

St Patrick Church

DATE OF BURIAL

Aug 27

1907

UNDERTAKER

J. H. McInerney

ADDRESS

70 Gordon

I HEREBY CERTIFY that I attended deceased during last

illness, from August 14, 1907, to August 20, 1907,

that to the best of my knowledge and belief death occurred on the

date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Bright's disease

(DURATION)

DAYS

Contributory:

(Signed)

J. E. Lawrence

M.D.

Aug 20 1907 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ?

years.

months.

days

Where was disease contracted, if not at place of death ?

Filed

Aug. 27, 1907 Edward J. Redding

Clerk

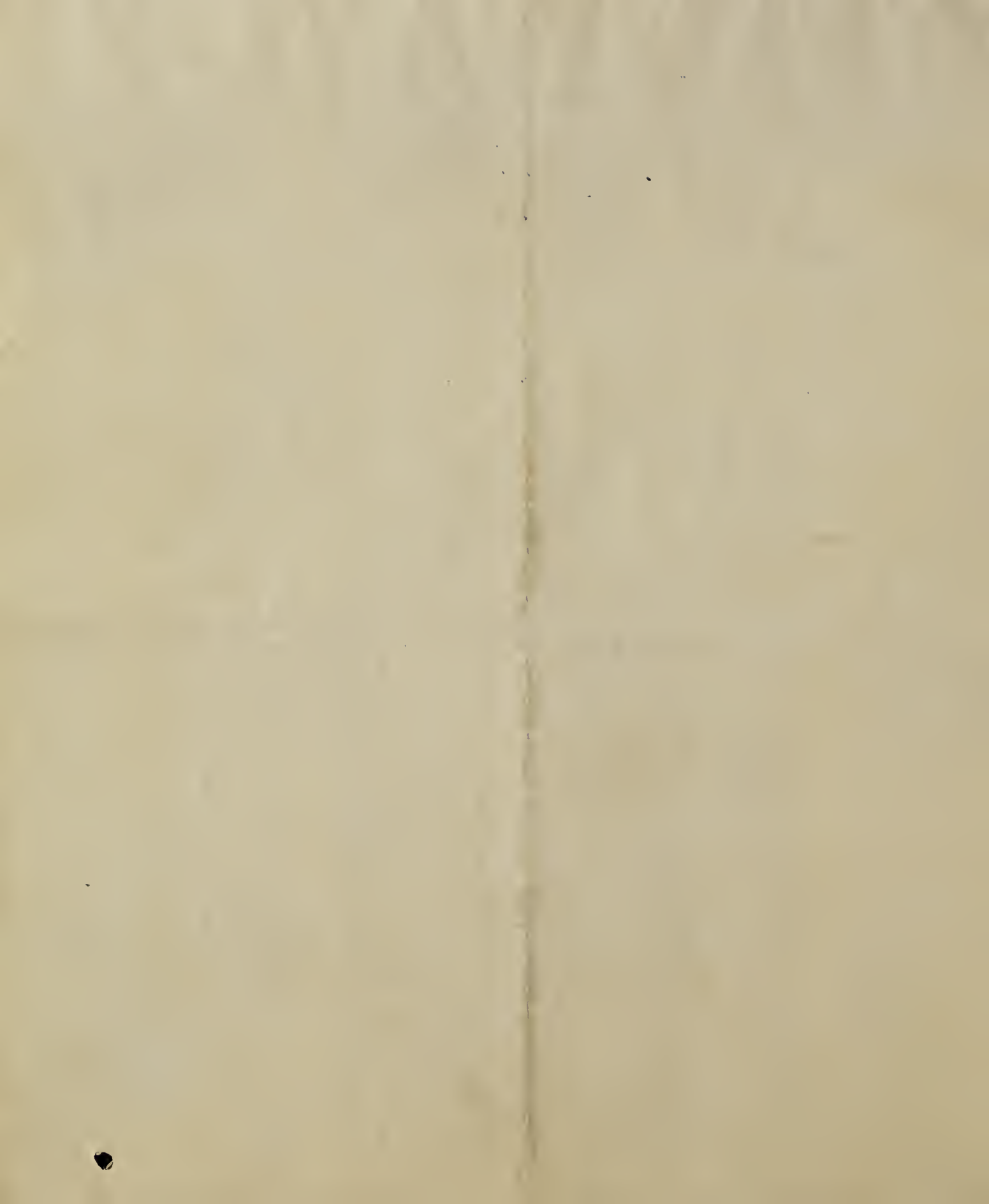
* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



RETURN OF A DEATH

LOWELL

FULL NAME

Andrew M. Carlson

Registered No.

61

Place of Death *

North Elm Street

Date of Death

Sept 9 1907

Age

44 years

months

days

STATISTICAL DETAIL

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Male

W

Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Sweden

NAME OF
FATHER

John Carlson

BIRTHPLACE
OF FATHER †

Sweden

MAIDEN NAME
OF MOTHER

Anna Nilsson

BIRTHPLACE
OF MOTHER †

Sweden

OCCUPATION

Iron Shovel Making

INFORMANT §

Mrs Andrew Carl Olson

PLACE OF BURIAL OR REMOVAL †

Olson Cemetery

DATE OF BURIAL

Sept 11 1907

UNDERTAKER

ADDRESS

Edmund J. Robbing

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County, also city, town or county, if known.

§ Name and address of person giving statement and details.

Filed
Sept 11 1907
Edmund J. Robbing
Town Clerk

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?..... Days

Where was disease contracted, if not at place of death?.....

Contributory

about nine months (DURATION)..... DAYS

Primary:

Tuberculosis

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 22 1907 to Sept 9 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

(Signed) J. E. Larney M.D.
Sept 9 1907 (Address) North Elm Street

THE FIRST OF THE TWO PARTS OF THE HISTORY OF THE
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(CITY OF TOWN.)

RETURN OF A DEATH

FULL NAME

Mr. Richard H. Hemenway

Registered No.

62

Place of
Death * }

Cecil Barton Road / Cecil Barton Road

Date of
Death

April 16 1904

Residence

Cecil Barton Road

Age

—

years

—

months

13

days

STATISTICAL DETAILS

SEX

M

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Barnstable County

NAME OF
FATHER

R. J. Hemenway

BIRTHPLACE
OF FATHER †

Cotuit

MAIDEN NAME
OF MOTHER

Emilie Hemenway

BIRTHPLACE
OF MOTHER †

Cotuit

OCCUPATION

—

INFORMANT'S

R. J. Hemenway

PLACE OF BURIAL OR REMOVAL †

St. Joseph's

DATE OF BURIAL

April 17 1904

UNDERTAKER

H. H. Hemenway

ADDRESS

P. 38

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 10 1904 to April 16 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Echolera septicaemia

(DURATION)

5 DAYS

Contributory:

(DURATION)

DAYS

(Signed)

R. J. Hemenway

M.D.

April 16 1904 (Address)

1332 Hemenway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

—

years

—

months

days

Where was disease contracted,
if not at place of death?

Filed

Sept. 17 1904 R. J. Hemenway

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Cotuit

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

210
Wm. Chubb
 (CITY OR TOWN.)

FULL NAME *August J. Keating*
 Place of Death *North Chatham of Mass*
 Residence *" " " " " "*
 Age *46* years *—* months *—* days
 Registered No. *63*
 Date of Death *Sept 19 1907*

STATISTICAL DETAILS

SEX *male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Ireland

NAME OF FATHER

BIRTHPLACE OF FATHER †

Patung Newy

MAIDEN NAME OF MOTHER

Ellen Muckelby

BIRTHPLACE OF MOTHER †

OCCUPATION

Carpenter

INFORMANT \$

Mrs Catherine Corrigan

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*St. Patrick's Cemetery**Sept 20 1907*

UNDERTAKER

ADDRESS

*A. J. O'Donnell**324 Margaret St.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *190* to *190*

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Coronary Atherosclerosis*

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) *Wm. Chubb M.D.**Sept 19 1907* (Address) *245 South St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *—* years *—* months *—* days

Where was disease contracted, if not at place of death?

Filed *Sept 20 1907*
Edward J. O'Donnell
 Clerk

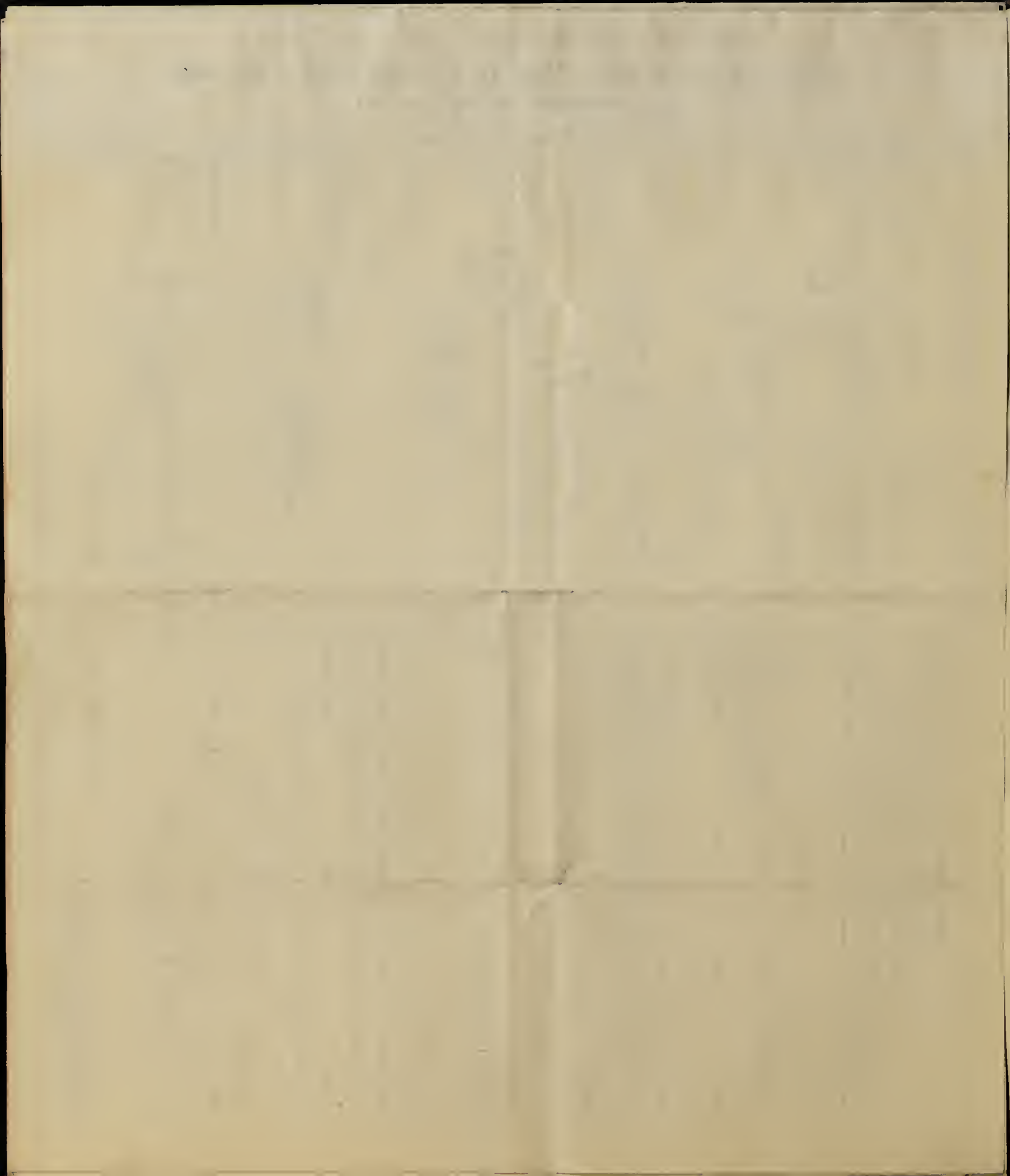
* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford
(CITY OR TOWN)
211

FULL NAME *William Lundgren*
Place of Death* *Post Chelmsford*
Residence *Post Chelmsford*
Age *35* years *10* months *27* days
Registered No. *64*
Date of Death *Sept 25* 1907

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE †		
NAME OF FATHER <i>Leandberg Lundgren</i>		
BIRTHPLACE OF FATHER †		
MAIDEN NAME OF MOTHER <i>Unknown</i>		
BIRTHPLACE OF MOTHER †		
OCCUPATION <i>Sweeder</i>		
INFORMANT \$ <i>Asie Peterson</i>		
PLACE OF BURIAL OR REMOVAL ‡	DATE OF BURIAL <i>Sept 27</i> 1907	
UNDERTAKER <i>Walter Perkins</i>	ADDRESS <i>Chelmsford</i>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 1* 1906 to *Sept 25* 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
Primary: *Subnormalcy, tuber culosis*

Contributory: *200 years* (DURATION) DAYS

(Signed) *J E Hursey* (DURATION) DAYS
Sept 26 1907 (Address) *Post Chelmsford* M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days
Where was disease contracted, If not at place of death?

Filed *Sept 27* 1907 *Edward J. Robbins* Clerk
town

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
\$ Name and address of person giving statistical details.
|| Name of cemetery.



RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Mary J. Shores

Registered No. 65

Place of Death* }

South Weymouth Mass

Date of Death }

Sept 25 1907

Residence

South Weymouth Mass

Age 63

years

months

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Female

COLOR

white

SINGLE, MARRIED, WIDOWED, OR DIVORCED

single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Salem Mass

NAME OF FATHER

Mass Shores

BIRTHPLACE OF FATHER ‡

Quebec N. H.

MAIDEN NAME OF MOTHER

Agnes Evans

BIRTHPLACE OF MOTHER ‡

Scotland

OCCUPATION

at home

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

Eastern Cemetery Sept 28 1907
 L. M. Young & Co. 33 Prescott

I HEREBY CERTIFY that I attended deceased during last illness, from Sep. 22 1907 to Sep. 22 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

(DURATION)

DAYS

Contributory:

Epilepsy

(DURATION)

DAYS

(Signed)

Wm. J. Roberts M.D.

Sep. 27 1907 (Address)

21 1st St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

Sept 28 1907

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
 ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF

213

RETURN OF A DEATH

LOWELL

FULL NAME

Augusta H. Hunt

Registered No.

66

Place of Death *

East Chelsea Road, Chelsea

Date of Death

Sept. 29, 1907

Age

73 years

months

10 days

STATISTICAL DETAIL

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Augusta H. Rich

HUSBAND'S NAME †

John H. Hunt

BIRTHPLACE †

Andover, Me.

NAME OF FATHER

Levi H. Rich

BIRTHPLACE OF FATHER †

Andover, Me.

MAIDEN NAME OF MOTHER

Judith A. Rich

BIRTHPLACE OF MOTHER †

Andover, Me.

OCCUPATION

INFORMANT \$

Miss Alice Hunt

PLACE OF BURIAL OR REMOVAL †

Andover Cemetery

DATE OF BURIAL

Oct. 2, 1907

UNDERTAKER

L. A. Humble

ADDRESS

Lowell, Me.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept. 29, 1907, to Oct. 2, 1907.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary:

Septicemia

(DURATION) 21

Contributory

(DURATION) DAYS

(Signed)

Wm. J. McFarlane M. D.
 221 North Street
 1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed Oct 1 1907 Edward J. Robbins Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or County; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

12

卷之四

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

North Belknap St. Mass.
(CITY OR TOWN.)

FULL NAME

William H. M. Adams

Registered No.

67

Place of
Death *

North Belknap St. Mass.

Date of
Death

Oct 15 1907

Residence

Church St.

Age

36

years

months

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

White

HUSBAND'S NAME †

BIRTHPLACE ‡

England Mass

NAME OF
FATHER

Robert M. Adams

BIRTHPLACE
OF FATHER ‡

England

MAIDEN NAME
OF MOTHER

Elizabeth J. Leach

BIRTHPLACE
OF MOTHER ‡

England

OCCUPATION

INFORMANT §

Deputy of Church

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

10-16

UNDERTAKER

ADDRESS

Massachusetts

Oct 16 1907

J. F. Small St.

North Belknap St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 1 1907 to Oct 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: 1. Inflammation

(DURATION)..... DAYS

Contributory:

(DURATION)..... DAYS

(Signed) John P. Connelley M.D.Oct 14 1907 (Address) Small St. Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents,

How long at

Place of Death?

years

months

days

Where was disease contracted, if not at place of death?

Filed

Oct 15 1907

Edward J. Coffey
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RETURN OF A DEATH

LOWELL

FULL NAME

Susan E. Green

Registered No. 68

Place of Death *

Bedford Mass.

Date of Death

Oct. 15th 1907

Age 74 years 8 months 4 days

STATISTICAL DETAIL

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Whitney

HUSBAND'S NAME †

Isaac Green.

BIRTHPLACE †

Bedford Mass.

NAME OF
FATHER

Mathew Whitney

BIRTHPLACE
OF FATHER †

unknown

MAIDEN NAME
OF MOTHER

Susan E. Edwards.

BIRTHPLACE
OF MOTHER †

unknown

OCCUPATION

at home.

INFORMANT \$

Frederic E. Green

PLACE OF BURIAL OR REMOVAL †

Bedford Mass. Oct. 17 1907

DATE OF BURIAL

UNDERTAKER

J. Greenblatt

ADDRESS

Sawell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 1 1907 to Oct. 15th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Myocarditis

(DURATION) DAYS

Contributory: Asthma

(DURATION) 14 DAYS

(Signed) Emma Howard M. D.

Oct. 15 1907 (Address) Bedford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence.

How long at Usual Residence. Place of Death? Days

Where was disease contracted, if not at place of death? Days

Filed Oct. 15 1907 Edward J. Goring Clerk.

* City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING
FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Charles Jordan

Registered No. 67

Place of
Death *

West Belmont Mass

Date of
Death

Oct 23 1907

Residence

West Belmont Mass

Age 67

years.

months.

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Male white

married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

England

NAME OF
FATHER

William Jordan

BIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHER

England

BIRTHPLACE
OF MOTHER †

Elizabeth

OCCUPATION

Unknown

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Burial

UNDERTAKER

ADDRESS

West Belmont

Oct 23 1907

67 Young St 231 Macbeth St

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 1907 to Oct. 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Enlarged prostate

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed)

H. E. Vanover

M.D.

Oct 24 1907

No. Belmont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years.

months.

days

Where was disease contracted, if not at place of death?

Filed

Oct 23 1907 Edmund J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



COMMONWEALTH OF MASSACHUSETTS

217

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Vitaline Talbot

Registered No.

70

Place of Death* } North Duxbury, Mass.

Date of Death } Nov. 18th 1907

Residence } North Duxbury, Mass. Age 38 years 3 months - days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX } COLOR } SINGLE, MARRIED, WIDOWED, OR DIVORCED

M.

White-

SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

Vitaline Mabel

HUSBAND'S NAME †

Edward Talbot

BIRTHPLACE †

Canada

NAME OF FATHER

Georgique Talbot Mabel

BIRTHPLACE OF FATHER †

Canada

MAIDEN NAME OF MOTHER

Vitaline Grinnin

BIRTHPLACE OF MOTHER †

Canada

OCCUPATION

Housekeeper

INFORMANT §

Edward Talbot

PLACE OF BURIAL OR REMOVAL ||

St Joseph

DATE OF BURIAL

Nov. 4 1907

UNDERTAKER

Joseph Talbot

ADDRESS

57 Duxbury

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 28 1907 to Oct. 28 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Varicella

Contributory: Throat. (DURATION) DAYS

(Signed) J. H. Briggs M.D.

Mar. 1, 1908 (Address) No. 100 Duxbury Mass.

(DURATION) DAYS

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

Nov. 1 1907 Edward J. Briggs Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Della Hambley

Registered No.

71

Place of
Death*

Belmont Center

Date of
Death

Mar 1 1907

Residence

Belmont Center

Age

44

years

months

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

Della Agnello

HUSBAND'S NAME †

August Trumbull

BIRTHPLACE †

Canada

NAME OF
FATHER

Joseph Agnello

BIRTHPLACE
OF FATHER †

Canada

MAIDEN NAME
OF MOTHER

Catherine Marchand

BIRTHPLACE
OF MOTHER †

Canada

OCCUPATION

House work

INFORMANT ‡

Heard and

PLACE OF BURIAL OR REMOVAL

St Joseph

DATE OF BURIAL

Mar 1 1907

UNDERTAKER

St Joseph

ADDRESS 738

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct-29 1907 to Nov-1 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Sanguine

Contributory:

(DURATION) 3

DAYS

(DURATION)

DAYS

(Signed)

J. H. Hambley

M.D.

(Address)

732 Merrimack St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death?

years

months

days

Where was disease contracted,
if not at place of death?

Filed

Nov. 2, 1907

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or county; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Town



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

219
CITY OF LOWELL

(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME

Place of
Death *

Date of
Death

Registered No.

Residence

Age

years

months

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, ~~MARRIED~~,
~~WIDOWED~~ OR
~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHER

BIRTHPLACE
OF FATHER †

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 4 1907 to Nov 4 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Still-born

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed)

Arthur B. Lockman

M.D.

Nov. 5, 1907 (Address) Bellevue Hospital, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ?

years

months

days

Where was disease contracted, if not at place of death?

Filed

Nov. 6 1907

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

† State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

Name of cemetery.

Boon Cemetery
Nov. 6 1907
John Higgins
Lowell Mass.

Dr. J. J. J. J. J.

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Registered No.

Place of
Death * }Date of
Death }

Residence

Age

years

months

days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

NAME OF
FATHERBIRTHPLACE
OF FATHER †MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER †

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDEERTAKER

ADDRESS

(CITY OR TOWN)

Registered No.

Date of
Death }

Age

years

months

days

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 20, 1907 to Nov. 11, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Concussion of Stomach

(DURATION)

DAYS

Contributory:

(Signed)

J. H. Stage

M.D.

Nov. 11, 1907 (Address) No. 200 Bedford St., Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Nov. 12 1907

Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Lester Kendrick

Registered No.

74

Place of
Death*

North Chelmsford Mass

Date of
Death

Nov 15 1907

Residence

North Chelmsford

Age

64

years months days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

England

NAME OF
FATHER

Kendrick

BIRTHPLACE
OF FATHER ‡

England

MAIDEN NAME
OF MOTHER

unknown

BIRTHPLACE
OF MOTHER ‡

unknown

OCCUPATION

Blacksmith

INFORMANT §

Miss Lettie A Kendrick

PLACE OF BURIAL OR REMOVAL ||

Edson Cemetery

DATE OF BURIAL

Nov 17 1907

UNDERTAKER

ADDRESS

L. M. Young

33 Prescott St

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 11 1907 to Nov 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

Contributory: age (duration) 7 days

(Signed) Emma Stewart M.D.
Nov 15 1907 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Nov 17 1907 Edward J. Robbins
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

Feb 10

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Susan Barton Hunt*Place of Death* } *Chelmsford*Residence *Chelmsford*Registered No. *76*Date of Death } *Dec 7 1907*Age *69* years *3* months *14* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED*Female* *White* *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Charlestown

NAME OF FATHER

Samuel E. Hunt

BIRTHPLACE OF FATHER ‡

Carlisle

MAIDEN NAME OF MOTHER

Elizabeth A. Warren

BIRTHPLACE OF MOTHER ‡

OCCUPATION

At Home

INFORMANT §

Wm. Mead

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

*Walter Parlan**Chelmsford*

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov. 30 1907* to *Dec. 7 1907*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Enteritis

(DURATION)..... DAYS

Contributory:

age

(DURATION)..... DAYS

(Signed)

Amos Howard M.D.*Dec 7 1907* (Address) *Chelmsford, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Dec. 7 1907 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

223

Chelmsford
(OFFICE TOWN.)



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

William A. Brennan

Registered No.

77

Place of
Death *

North Chatham Mass.

Date of
Death

Dec 7 1902

Residence

Age 80 years, months, days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

WIDOWED, OR

He

White

MAIDEN NAME †

Esther Anna Avery

HUSBAND'S NAME †

George Brennan

BIRTHPLACE †

Boston Mass.

NAME OF
FATHER

John Avery

BIRTHPLACE
OF FATHER †

Fulwood

MAIDEN NAME
OF MOTHER

Not known

BIRTHPLACE
OF MOTHER †

Fulwood

OCCUPATION

Farmer

INFORMANT §

Mrs. Estlin Brennan

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

1902

UNDERTAKER

ADDRESS

1332 9

J. E. Darnley

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 26 1902 to Dec 7 1902, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Hemiplegia

Contributory: (DURATION) 12 DAYS

(Signed) J. E. Darnley M.D. (DURATION) 12 DAYS

1332 9 1902 (Address) North Chatham Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Dec 9 1902 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

225
Chelsea
(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME

Charles Sampson Clark

Registered No.

78

Place of
Death* }

Chelsea, Mass.

Date of
Death }

Dec 19

1907

Residence

Chelsea, Mass.

Age 75

years,

1 months,

6 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Patterson N. J.

NAME OF
FATHER

John Clark

BIRTHPLACE
OF FATHER ‡

Cavaley, Scotland

MAIDEN NAME
OF MOTHER

Susan Beach

BIRTHPLACE
OF MOTHER ‡

OCCUPATION

N. Y. State.

INFORMANT §

Frances Clark

PLACE OF BURIAL OR REMOVAL ||

Forest Hills Cem., N. Y. City

DATE OF BURIAL

Dec 22 1907

UNDERTAKER

Walter Perkins

ADDRESS

Chelsea, Mass.

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 18 1907 to Dec 19, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Diphtheria

Contributory:

Myocarditis

(Signed)

E. J. McCarthy

(DURATION)

2

DAYS

(Signed)

Arthur J. Leonard, M.D.

(Address)

Chelsea, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death?

years.

months.

days

Where was disease contracted, if not at place of death?

Filed

Dec 22

1907

Edward J. Perkins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Thomas Jackson Miller

Registered No.

79

Place of Death *

Highland Ave, North Chelmsford

Date of Death

Dec 25 1907

Residence

Highland Ave, North Chelmsford

Age

2 years 6 months 14 days

STATISTICAL DETAILS

SEX

Male

COLOR

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Greenfield Mass

NAME OF FATHER

Wm. J. Miller

BIRTHPLACE OF FATHER †

Greenfield Mass

MAIDEN NAME OF MOTHER

Mary E. Jackson

BIRTHPLACE OF MOTHER †

OCCUPATION

North Chelmsford

INFORMANT \$

Father

PLACE OF BURIAL OR REMOVAL

St. John's Cemetery

DATE OF BURIAL

Dec 28 1907

UNDERTAKER

St. John's Cemetery

ADDRESS

324 Highland Ave

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 1 1907 to Dec 25 1907,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cutaneous from

Contributory:

(Signed) Oliver P. Parker M.D.

Dec. 27 1907 (Address) 253 Church St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Dec. 27 1907 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

William Manton

Registered No.

80

Place of
Death *

West Chathamford

Date of
Death

Dec 26 1907

Residence

"

"

Age

71

years

—

months

—

days

STATISTICAL DETAILS

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

England

NAME OF
FATHER

Edmund Manton

BIRTHPLACE
OF FATHER †

England

MAIDEN NAME
OF MOTHER

Mrs Cahill

BIRTHPLACE
OF MOTHER †

England

OCCUPATION

Farmer

INFORMANT \$

Son Frank Manton

PLACE OF BURIAL OR REMOVAL †

St Lukes Cemetery

DATE OF BURIAL

Dec 28 1907

UNDERTAKER

Edmond Manton

ADDRESS

324 Market

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 15 1907 to Dec 26 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Green pneumonia

Contributory:

(DURATION) 11 DAYS

(Signed)

J. E. Lawrence

M.D.

Dec 26 1907 Address: N. Chathamford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

Dec. 27 1907 Edward J. Robbins

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State and country, also city, town or county, if known.

\$ Name and address of person giving statistical details.

|| Name of cemetery.



222

.....
Chelmsford
 (CITY OF TOWN).

Registered No. 87

Date of Birth Dec 30 1907
 Date of Death Dec 30 1907

Residence Age 10 years 11 months 11 days

PHYSICIAN'S CERTIFICATE

Ames

BIRTHPLACE:

To the Board of A. M. M. M.

Rea Hodgman.

De Heer van

ME
Jallie Spaulding

OCCUPATION

athorice

INFORMANTS

W. A. Parkhurst,

PLACE OF BURIAL OR REMOVAL||

DATE OF BURIAL

UNDERTAKER

ADDRESS

UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

I HEREBY CERTIFY that I attended deceased during last illness, from..... 190..... to 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

John Schurz -

Contributory:

(Signed)

Arthur V. Lechner M.D.

Page 2 190. D.(Address) Chetumal Mex.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years..... months..... days

Where was disease contracted, if not at place of death?.....

Filed

Filed
Mar 1 1908
Edward A. Keefe
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Social Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

§ Name and address of person giving statistical details.

11 Name of cemetery.



COMMONWEALTH OF MASSACHUSETTS

229

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME

Elizabeth D. Nickles

Registered No. 82

Place of
Death *

Bedford Mass

Date of
Death Dec 31 1907

Residence

Bedford Mass Age 39 years months days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Male White

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Barre Mass

NAME OF
FATHER

Stephen J. Nickles

BIRTHPLACE
OF FATHER ‡

Barre Mass

MAIDEN NAME
OF MOTHER

Martha E. Barry

BIRTHPLACE
OF MOTHER ‡

Strong Maine

OCCUPATION

Teamster

INFORMANT §

Martha E. Nickles

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Martha E. Nickles

ADDRESS

Martha E. Nickles

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 4, 1907 to Dec 31, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Insanity, Dementia

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed)

Arthur G. Foster

M.D.

Jan 7 1908 (Address) Bedford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death? years months daysWhere was disease contracted,
if not at place of death?

Filed

Jan 3 1908 Edward J. O'Sullivan
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,
State or country; also city, town or county, if known.§ Name and address of person giving statistical details.
|| Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

